

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

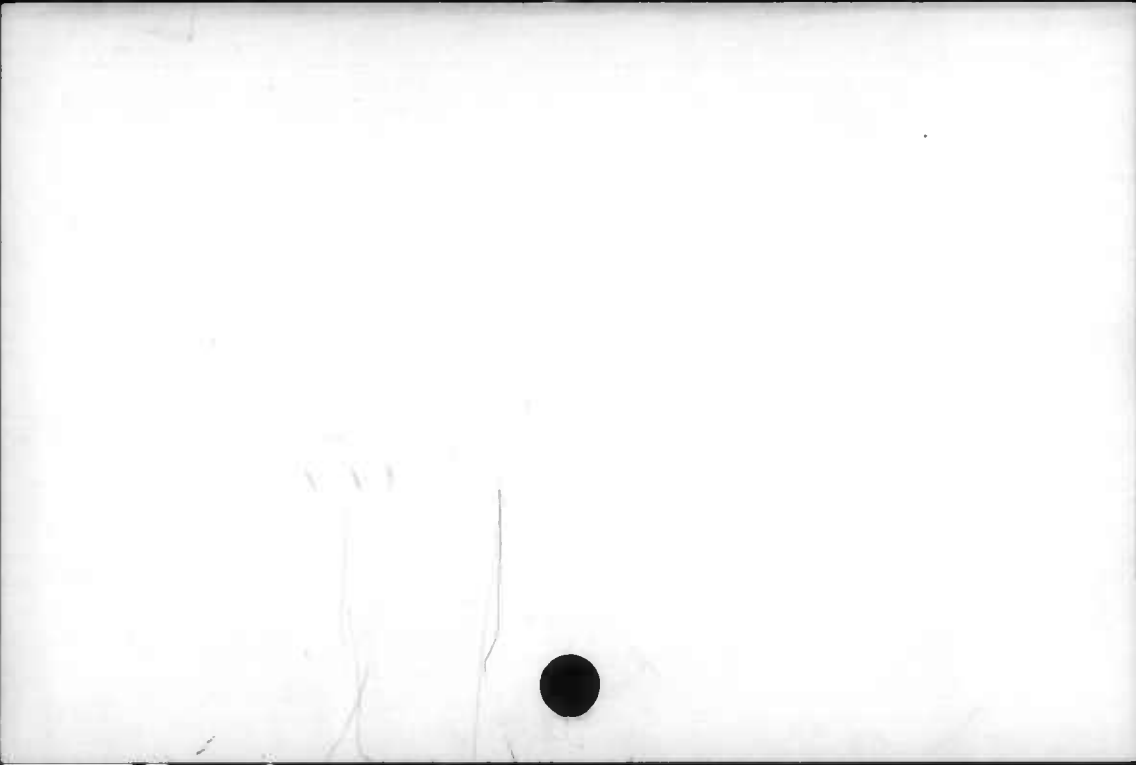
Name in Full <i>Earl Milton Blichenstaff</i>		Town <i>Myersville</i>		County <i>Fredrick</i>		MARYLAND	
Died at <i>Myersville</i>		Month <i>Sept.</i>		Day <i>25</i>		Age <i>3</i>	
Date of death <i>1909</i>		Month <i>Sept.</i>		Day <i>25</i>		Age <i>3</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Myersville,</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
<del>Marrried</del> , Single or <del>Widowed</del>		Name of Wife or Husband <i>—</i>					
Father's Name <i>David Blichenstaff</i>		Father's Birthplace <i>Hollywood, Md.</i>					
Mother's Maiden Name <i>Mellie Wilson</i>		Mother's Birthplace <i>Myersville, Md.</i>					
Name of person giving Information <i>David Blichenstaff</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>	How long <i>1 mo.</i>
Immediate <i>Exhaustion</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ralph Brown</i>
	Address <i>Myersville, Md.</i>
<del>Accident or Suicide</del>	



Name in Full		Mary Catharine Brandenburg -				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County			
		Ladysburg		Frederick Co.		MARYLAND			
		Date of death		Month	Day	Age	Years	Months	Days
		909 Sept.		25	36	6	mos	18	
		Sex		Female		Color or Race		White	
		Birth-place		Maryland					
		Married, Single or Widowed		Married.		Occupation		Housewife.	
Name of Wife or Husband		George Wm Brandenburg.							
Father's Name		George V. Fitzer				Father's Birthplace		Maryland	
Mother's Maiden Name		Gemma Ann Warfield				Mother's Birthplace		Maryland	
Name of person giving information		George Wm Brandenburg.				How related to deceased		Husband	
PHYSICIAN OR CORONER		CAUSES OF DEATH							
		Primary was delicate, had diarrhea 6 days. Then fever with typhoid symptoms.							
		How long 16 days.							
		Immediate Cerebral Coma.							
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		John L. Liggett, M.D.			
				Address		Ladysburg, Md.			
Accident or Suicide?									



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mary A. Close* Town *Emmitsburg* County *Frederick*

Died at *Emmitsburg* *Frederick* MARYLAND

Date of death 190 *9* Sept Month *3* Day Age *84* Years Months *2* Days *6*

Sex *Female* Color or Race *White* Birth-place *Penn*

Occupation *House Wife* Where Residing if not at place of death *Near Emmitsburg Md*

Married, Single or Widowed *Widowed* Name of ~~Wife~~ Husband *John Close*

Father's Name *Peter Rumbgardner* Father's Birthplace *MD*

Mother's Maiden Name *Sarah Shoemaker* Mother's Birthplace *MD*

Name of person giving Information *Carrie Derr* How related to deceased *Niece*

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary *Chronic Interstitial Nephritis* How long *2 years*

Immediate *Pulmonary Edema* How long *one week*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *B. J. Jamieson*

Address *Emmitsburg Md*

Accident or Suicide *9*



Name  
in Full

Infant Counters

CERTIFICATE OF DEATH

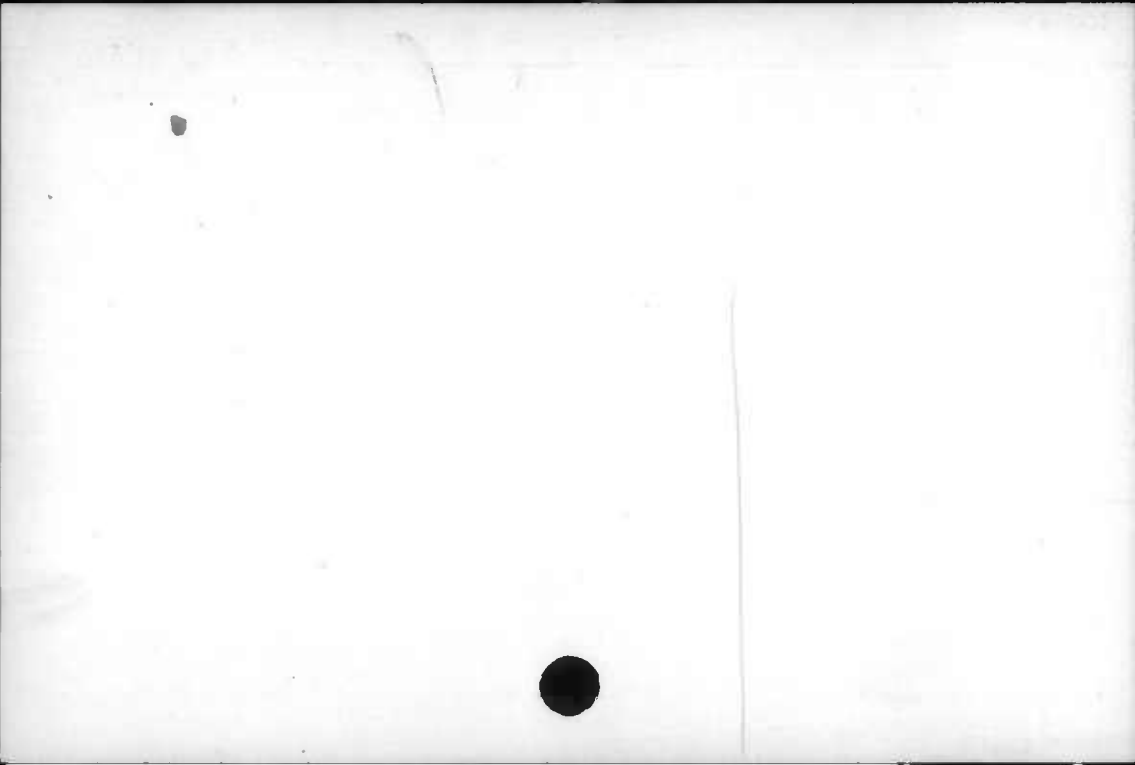
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Frederick</u> Town <u>Frederick</u> County		MARYLAND	
Date of death	1909	Month	Sept
		Day	4
Age	—		
Sex	Female	Color or Race	Colored
Occupation	—		
Where Residing if not at place of death	—		
Married, Single or Widowed	—		
Name of Wife or Husband	—		
Father's Name	Unknown		Father's Birthplace
Mother's Maiden Name	Hannie Counters		Mother's Birthplace
Name of person giving Information	Elizabeth Sparks		How related to deceased
			None

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Still Born	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide		





Name  
in  
Full

Aaron Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

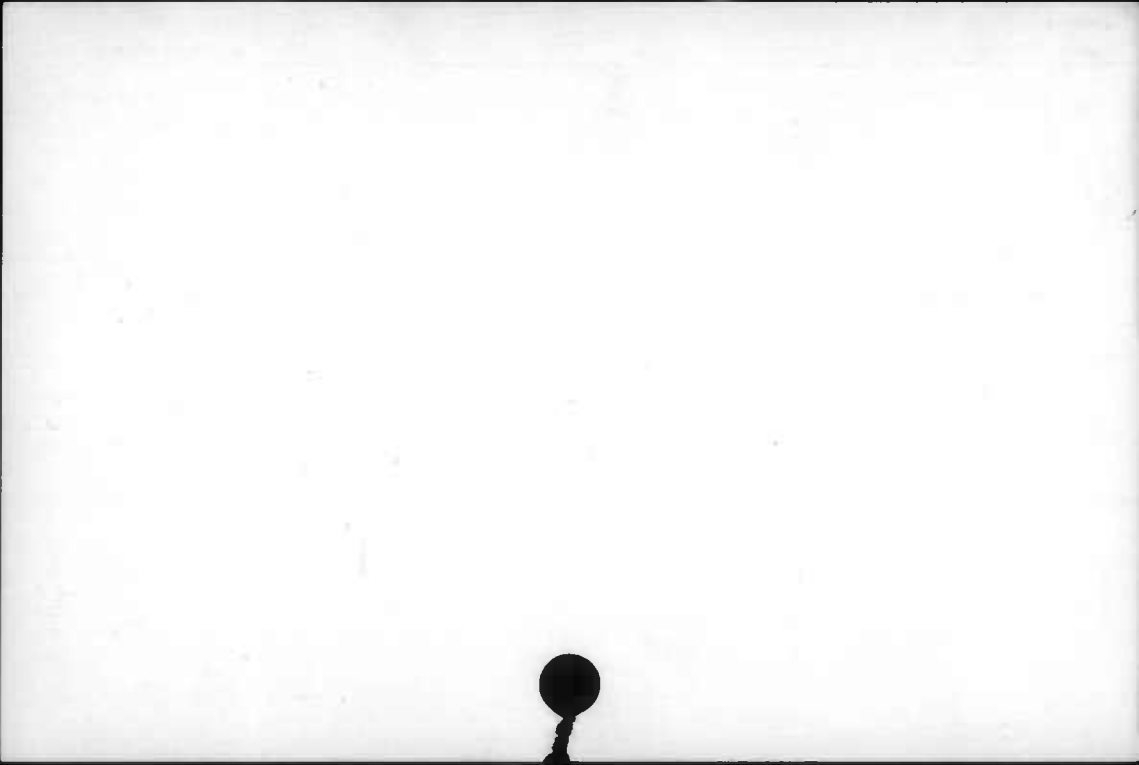
Died at <i>Frederick</i>		Town, <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death 1909		Month <i>9</i>		Day <i>5</i>		Age <i>89</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Frederick County</i>		Months <i>10</i> Days <i>17</i>	
Occupation <i>Farmer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elizabeth E Delgrange</i>		Father's Birthplace <i>England</i>		Mother's Birthplace <i>Frederick Co Md</i>	
Father's Name <i>Jonathan Davis</i>		Mother's Maiden Name <i>Winters</i>		How related to deceased <i>Son</i>			
Name of person giving Information <i>Geo H Davis</i>							

CAUSES OF DEATH

81

Primary	<i>Arterio sclerosis</i>	How long	<i>10 years</i>
Immediate	<i>Heart failure</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>T. B. Johnson.</i>	
		Address <i>Frederick.</i>	
Accident or Suicide			

PHYSICIAN  
OR CORONER



Name  
in  
Full

Frederick E. W. Diehl

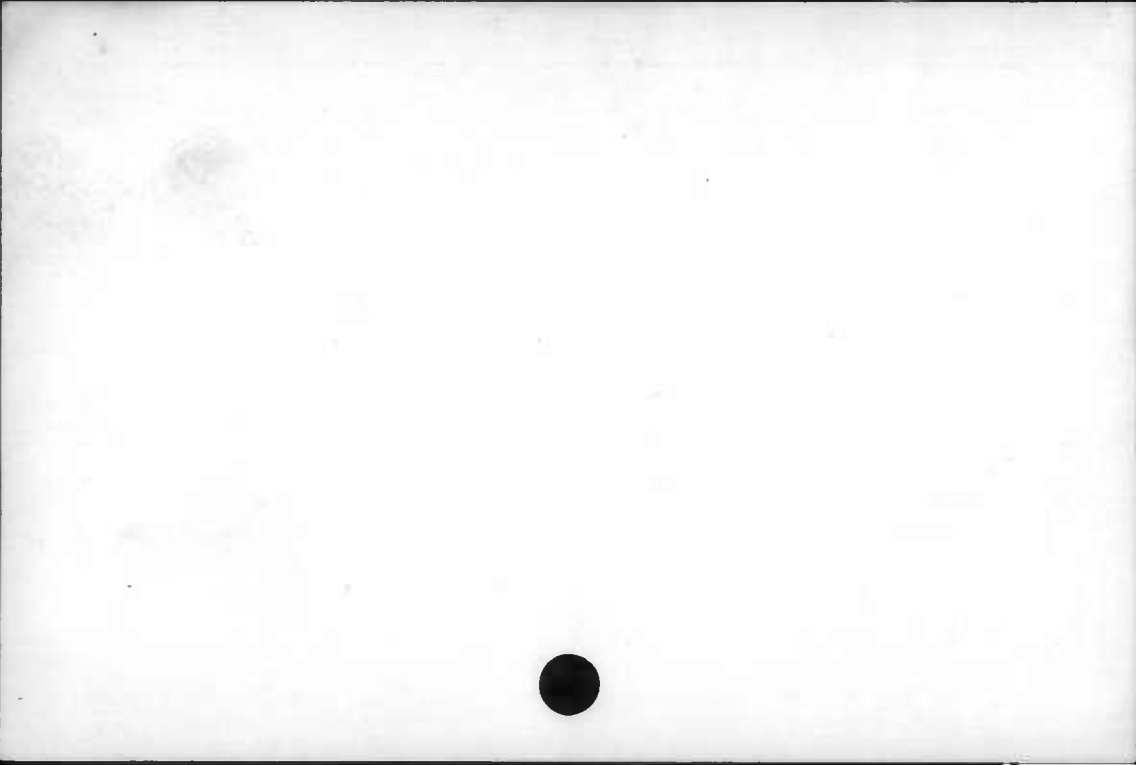
## CERTIFICATE OF DEATH

Died at <u>Frederick</u> Town		<u>Frederick</u> County		MARYLAND	
Date of death	1909	Month	Sept.	Day	17
Age	50	Years		Months	
Sex	male	Color or Race	white	Birth place	Frederick, Md.
Occupation	merchant		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Albert Diehl			Father's Birthplace	Germany
Mother's Maiden Name	Justina Westphal			Mother's Birthplace	Germany
Name of person giving Information	Chas. Hermann			How related to deceased	Brother in Law

## CAUSES OF DEATH

47

Primary	Acute Inflammatory Rheumatism		How long	6 days
Immediate	Uræmia		How long	4 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Labuek	
			Address	
			Frederick Md	
Accident or Suicide		neither		



Name  
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CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Julia Duffendol*  
Died at *home*

County *Frederick*

MARYLAND

Date of death 190 *9* Sept

Day *8* Age *89*

Months Days

Sex *Female*

Color or Race *White*

Birth-place *Franklin Co. Pa.*

Occupation *Nothing*

Where Residing if not at place of death *Home*

Married, Single or Widowed *widow*

Name of Wife or Husband *Samuel Duffendall*

Father's Name *John Geo. Coffman*

Father's Birthplace *Franklin Co. Pa.*

Mother's Maiden Name *Magdalena Eyles*

Mother's Birthplace *Frederick Co. Md.*

Name of person giving Information *Rebecca Hair*

How related to deceased *sister*

CAUSES OF DEATH

*154*

PHYSICIAN  
OR CORONER

Primary *General debility*  
Immediate *old age*

How long *A few hours*  
How long *A few hours*

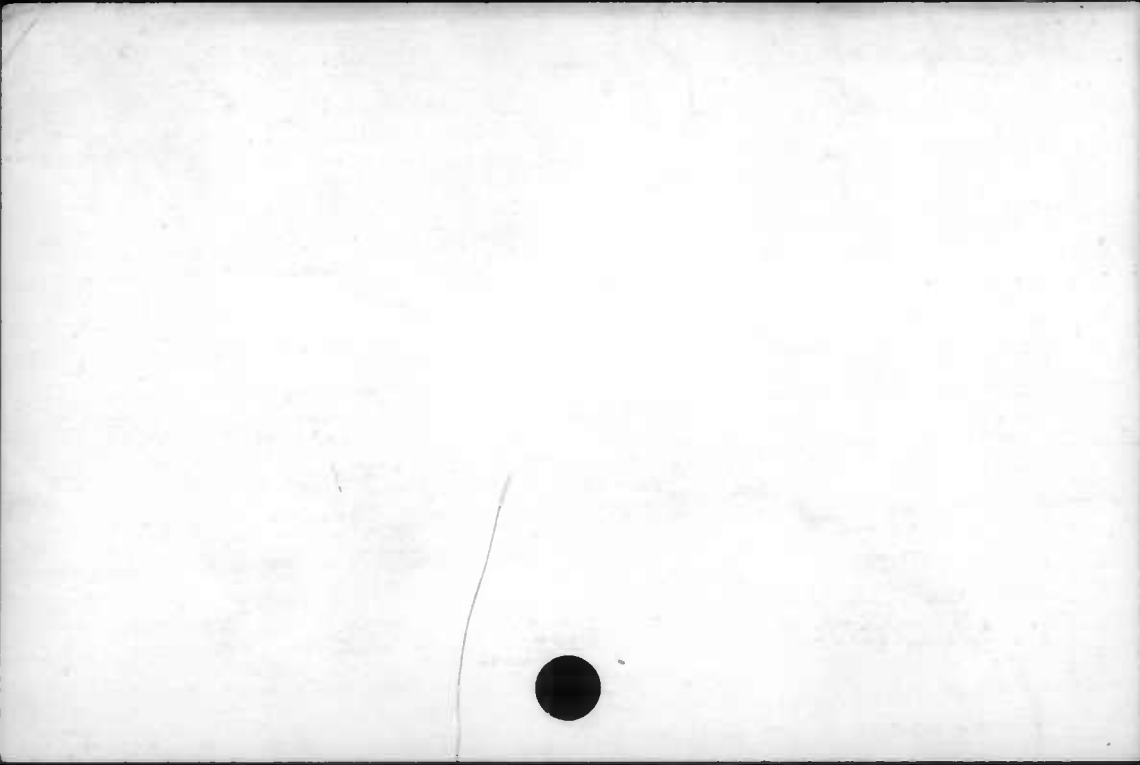
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *No Doctor*

Address

Accident or Suicide *neither*

*C. H. Stern S. R.*



Name  
in  
Full

Lillian May Dinterman

## CERTIFICATE OF DEATH

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NEAREST FRIEND

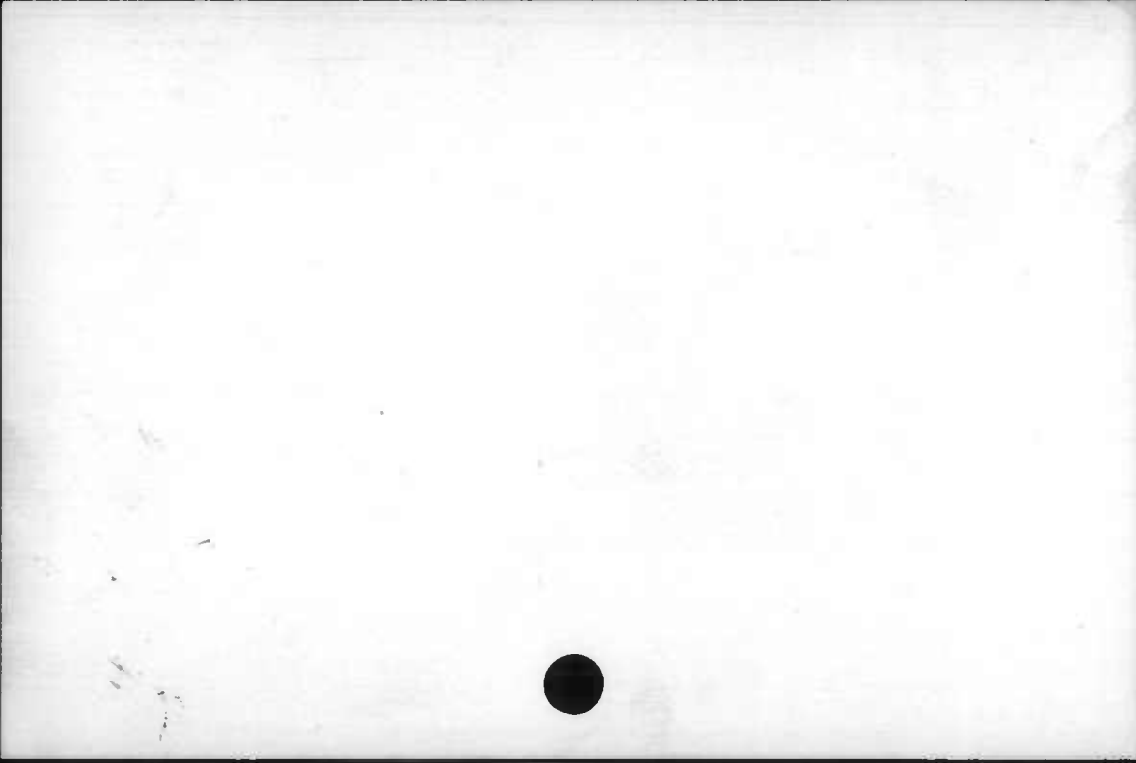
Died at		Town Brunswick		County Frederick		MARYLAND	
Date of death		Month 9	Day Sept	Age 13	Years	Months 2	Days 12
Sex Female		Color or Race whi		Birth- place md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Chas E Dinterman				Father's Birthplace md			
Mother's Maiden Name Lillian M Deterick				Mother's Birthplace md			
Name of person giving Information J.M. Dinterman				How related to deceased Grandfather			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Dysentery	How long
Immediate	Enteric Colitis	How long 3 days
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician A. H. Horne
Accident or Suicide no		Address Brunswick md





Name  
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## CERTIFICATE OF DEATH

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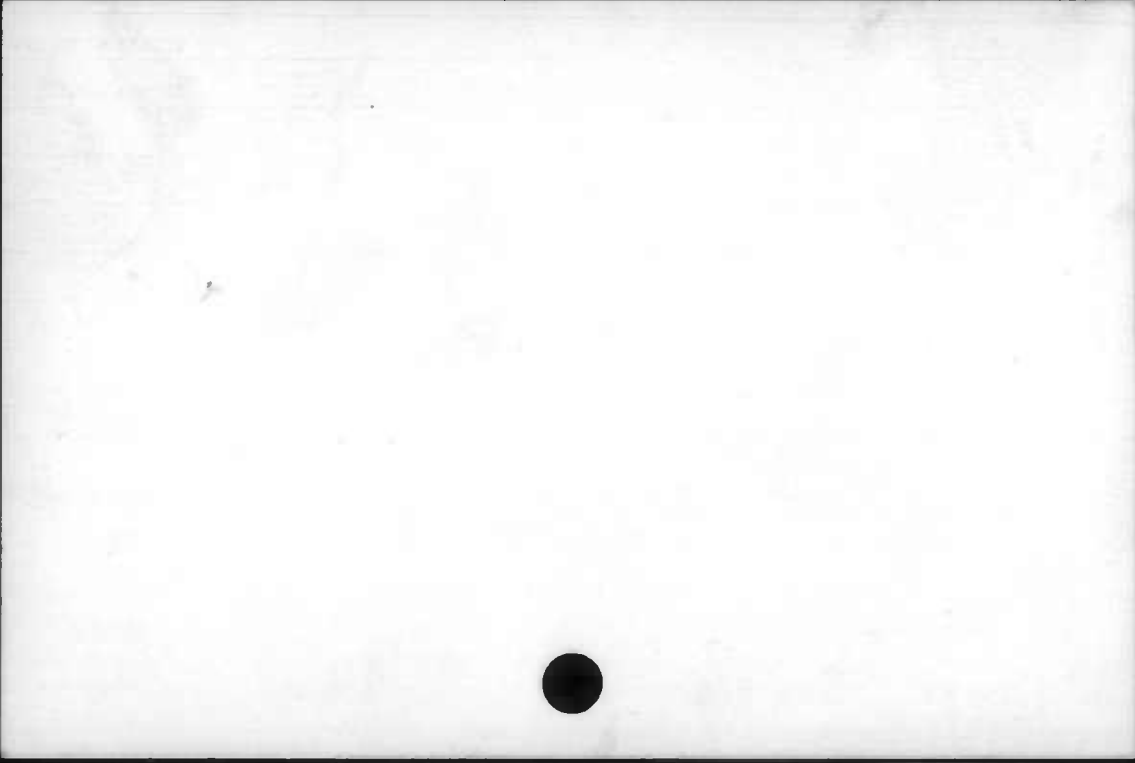
Name <i>May Elvyn Dintzman</i>		Town <i>Brunswick</i>		County <i>Frederick</i>		MARYLAND	
Died at		Month <i>Sept</i>		Day <i>12</i>		Years <i>2</i>	
Date of death <i>1909</i>		Age		Months <i>2</i>		Days <i>13</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth- place <i>1221</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Chas E Dintzman</i>				Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Lillian M. Dintzman</i>				Mother's Birthplace <i>md</i>			
Name of person giving Information <i>J M Dintzman</i>				How related to deceased <i>Grandfather</i>			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Dysentery</i>		How long	
Immediate <i>Enteric Colitis</i>		How long <i>3 days</i>	
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>		Signature of Physician <i>Ad Horvitz</i>	
Address <i>Brunswick</i>		Address <i>md</i>	
Accident or Suicide <i>no</i>			



Name  
in  
Full

Florence Dorsey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Mountainview Frederic CT

MARYLAND

Date

of death

1909 Sept

Month

Day

13

Age

Years

35

Months

X

Days

X

Sex

Female

Color or  
Race

Black

Birth-  
place

Unknown

Occupation

None

Where Residing if not  
at place of death

Same

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Unknown

Father's  
Name

Unknown

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

"

Mother's  
Birthplace

"

Name of person giving  
Information

Kate Rosey

How related  
to deceased

No relation

## CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

Indefinite

Immediate

Exhaustion

How long

Several days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

U. G. Bourne M.D.

Address

Frederic CT MD

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

*Mrs. Ruby Stonenburgh*

*105 28*  
CERTIFICATE OF DEATH

Died *near New Market* *Fredrick*

MARYLAND

Date of death 1909 *9* *21* Age *4*

Sex *Female* Color or Race *white* Birth-place *MD*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *John P. Stonenburgh*

Father's Birthplace *Int. Pleasant*

Mother's Maiden Name *Katie Elchison*

Mother's Birthplace *New Market*

Name of person giving Information *Mrs. J.T. Baker*

How related to deceased *None*

CAUSES OF DEATH

Primary *Cholera Infantum*

*105*  
How long *3 days*  
How long \_\_\_\_\_

Immediate

Are the name, age, sex, color, date and place correctly given above?

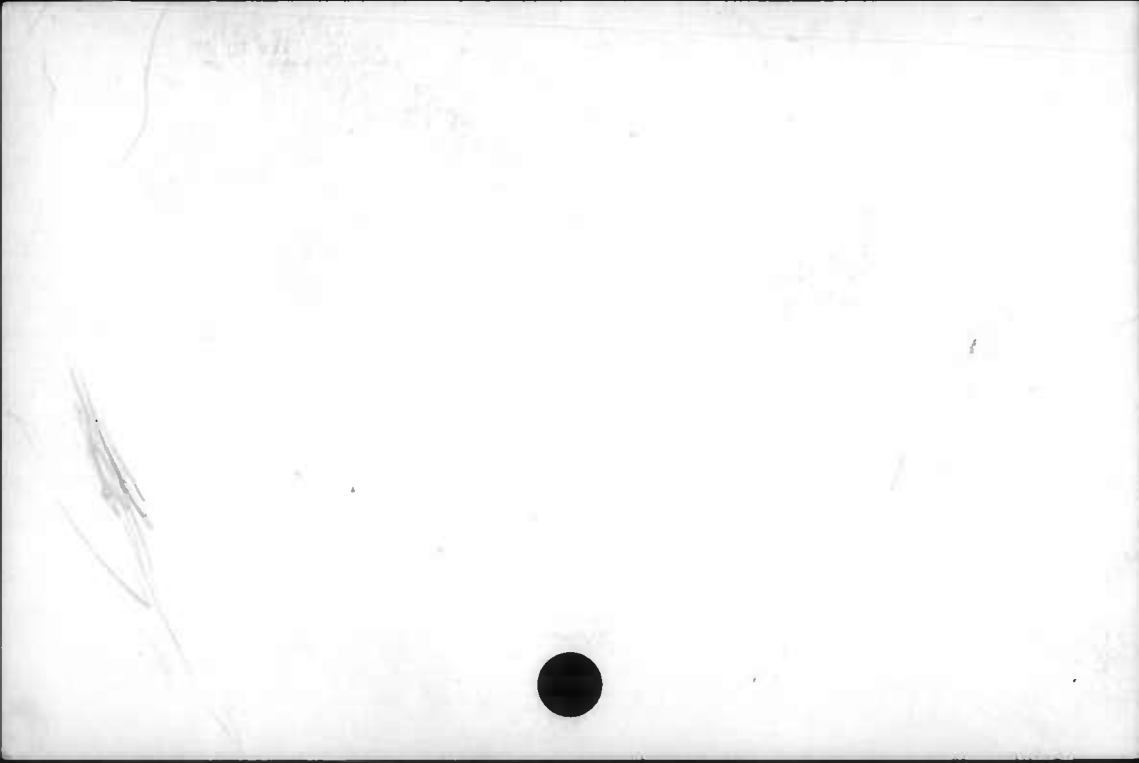
Signature of Physician

*Howard H. Hopkins MD*  
*New Market*  
*MD*

*yes*  
Accident or Suicide *no*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Fannie E. Forsythe

## CERTIFICATE OF DEATH

Died at <u>Pearl</u> <small>Town</small>		<u>Fredericks</u> <small>County</small>		MARYLAND	
Date of death <u>1909</u>	<u>9</u> <small>Month</small>	<u>25</u> <small>Day</small>	Age <u>37</u> <small>Years</small>	<u>4</u> <small>Months</small>	<u>18</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Baltimore</u>		
Occupation <u>House Wife</u>	Where Residing if not at place of death <u>Same</u>				
Married, Single or Widowed <u>Married</u>	Name of <del>Wife or</del> Husband <u>James T. Forsythe</u>				
Father's Name <u>Thomas F. Taylor</u>	Father's Birthplace <u>Carroll Co. Md</u>		Mother's Birthplace <u>Frederick Co. Md</u>		
Mother's Maiden Name <u>Agnes J. Lovell</u>	Name of person giving information <u>Jas. T. Forsythe</u>		How related to deceased <u>Husband</u>		

## CAUSES OF DEATH

66

Primary <u>Pulmonary Abscess (Cerebral Embolism)</u>	How long <u>Some months</u>
Immediate <u>Cerebral paralysis</u>	How long <u>One week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Sudden death <u>yes</u>
Signature of Physician <u>J. H. Hendrix, M.D.</u>	Address <u>Frederick, Md.</u>
Accident or Suicide? <u>no</u> <u>only saw patient once before death.</u>	

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Interment Sep 27 - 1909.

" at Mt. Olivet Cemetery

Thomas P. Rice F & D.

Dr. Goodman.  
Dr. Hendrix.

Dr. Goodell

Dr. McCurdy



Name  
in  
Full

Famine Riley Frost X

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

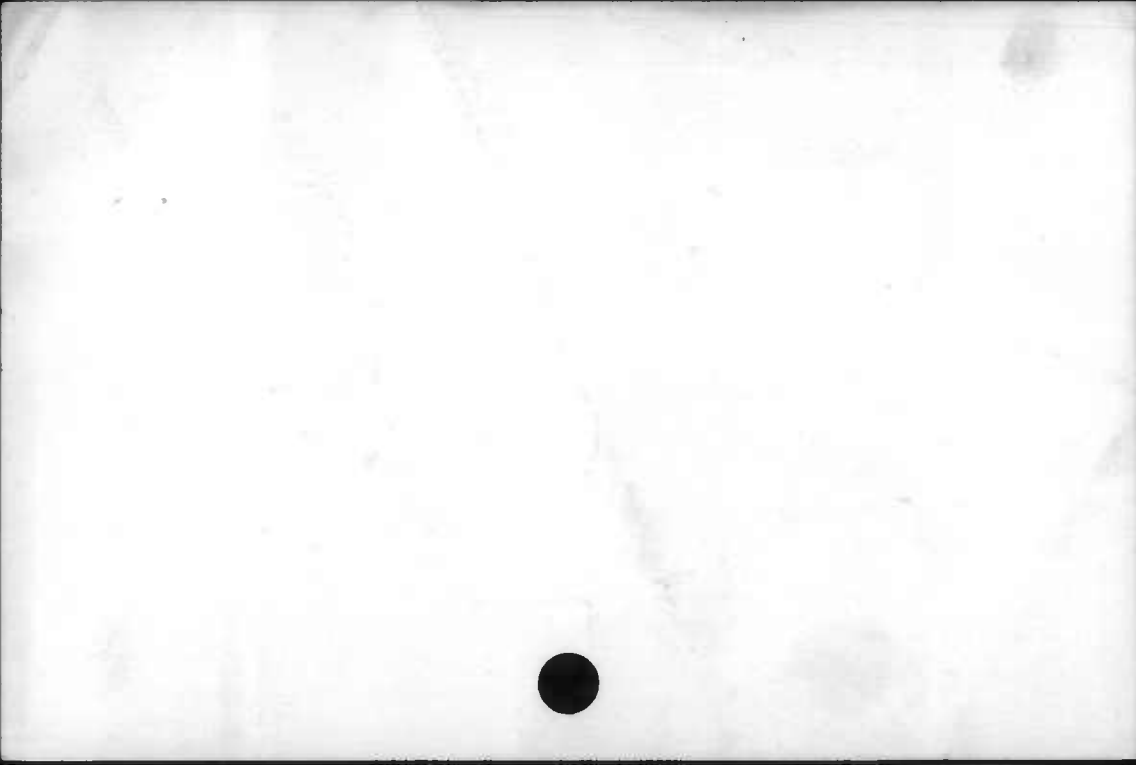
Died at		Town Frederick		County Frederick		MARYLAND	
Date of death		Month Sept	Day 13	Age	Years 71	Months 11	Days 25
Sex		Female		Color or Race White		Birthplace Frederick Md.	
Occupation		Housewife		Where Residing if not at place of death		Frederick Md.	
Married, Single or Widowed		Married		Name of Wife or Husband		Eli Frost	
Father's Name		George S. Koontz				Father's Birthplace Montgomery Co. Md.	
Mother's Maiden Name		Margaret H. Parks				Mother's Birthplace Somerset Co. Md.	
Name of parson giving Information		Mrs C. E. Blum				How related to deceased Daughter	

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Old age	How long	4
Immediate	Subsided kidney function with	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. S. Maynard Address 17 Second St - West - Frederick Md.	
Accident or Suicide [Initials]			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Charlotte Fulmer</i>		Town <i>Near Braddock</i>		County <i>Fredrick</i>		MARYLAND	
Died at <i>Braddock</i>		Month <i>9</i>		Day <i>9</i>		Years <i>65</i>	
Date of death <i>1909</i>		Month <i>9</i>		Day <i>9</i>		Age <i>65</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Fredrick Co</i>		<i>Md</i>	
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Place of Death</i>		Place of Death <i>Place of Death</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Harman F. Fulmer</i>		Father's Name <i>Jacob Heller</i>		Father's Birthplace <i>Germany</i>	
Mother's Maiden Name <i>Catherine Bolinger</i>		Name of person giving information <i>George Fulmer</i>		Mother's Birthplace <i>" "</i>		How related to deceased <i>Son.</i>	

## CAUSES OF DEATH

43

PHYSICIAN  
OR CORONER

Primary <i>Ball Strain</i>	How long <i>sev. mos</i>
Immediate <i>Effects of Cancer right breast</i>	How long <i>18 mos</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. H. Bolton, M.D.</i>
Address <i>Jefferson Mo.</i>	
Accident or Suicide? <i>no</i>	

Interment Aug 11 - 1909

" at Mt Olivet Cemetery

Thomas P. Rice F. & O.

Dr Boteler

Dr Goodell

Dr McCurdy

Name  
in  
Full

Margaret Garber -

CERTIFICATE OF DEATH


TO BE ANSWERED BY  
NEAREST FRIEND

Died near Ladiesburg		Town		County		MARYLAND	
Date of death	1909	Month	Sept.	Day	13	Years	74
Sex	Female	Color or Race	White	Months	1	Days	13
Married, Single or Widowed	Widow	Occupation	Housewife	Birth-place	Fredk Co. Md		
Name of Wife or Husband	Abram Garber						
Father's Name	David Haugh			Father's Birthplace	Fredk Co. Md.		
Mother's Maiden Name	Abbe Smith			Mother's Birthplace	Fredk Co. Md.		
Name of person giving information	Ernest J. Gernand			How related to deceased	Son-in-law		

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary	Indigestion, nephritis, dropsy and tumor diagnosed as cancer of stomach.		How long	4 months.
Immediate	Coma		How long	2 hours.
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	John I. Legget, M.D.
			Address	Ladiesburg, Md.
Accident or Suicide?				



Name  
in  
Full

*Sumner Gilbert*

CERTIFICATE OF DEATH

Died at *Monroeville Hospital* *Fredrick*

MARYLAND

Date of death *1909 Sept. 25* Age *70*

Sex *Male* Color or Race *White*

Birth-place *Elkridge, Md.*

Occupation *none* Where Residing if not at place of death

~~Married, Single or Widowed~~ Name of Wife or Husband *Marie Blinn*

Father's Name *Michael Gilbert* Father's Birthplace *Woodsboro*

Mother's Maiden Name *Margaret Kromb* Mother's Birthplace *Carroll Co.*

Name of person giving Information *Raymond Gilbert* How related to deceased *Son*

CAUSES OF DEATH

**154**

Primary *General debility* How long *Two years*  
Immediate *Cardiac asthma* How long *Three days*

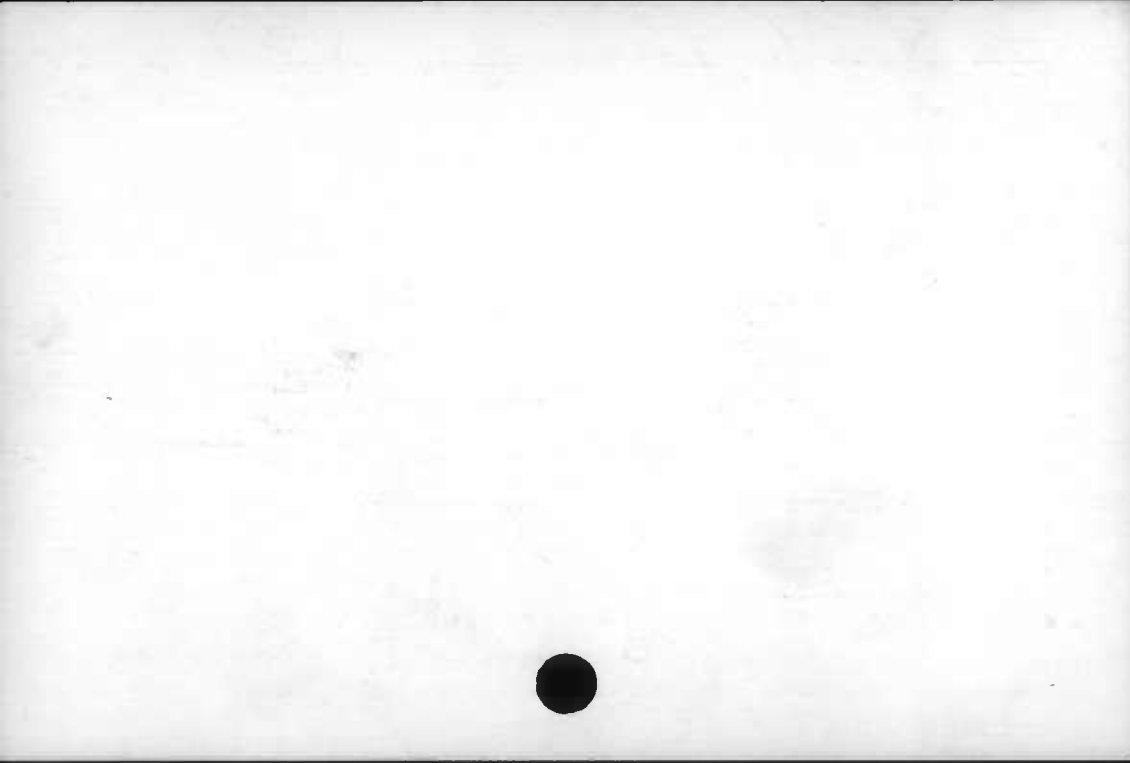
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *H.P. Fahrney M.D.*  
Address *Fredrick, Md.*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Charles Balser Grove*

Died at *Jefferson* <sup>Town</sup> *Lindenick* <sup>County</sup> **MARYLAND**

Date of death 190 *9* <sup>Month</sup> *9* <sup>Day</sup> *11* Age *78* <sup>Years</sup> *1* <sup>Months</sup> *1* <sup>Days</sup>

Sex *Male* Color or Race *White* Birth-place *Lebanon Middletown*

Occupation *Retired Farmer* Where Residing if not at place of death

Married, ~~Single~~ *Single* Name of Wife or ~~Husband~~ *Anna M. Grove*

Father's Name *Leonard Grove* Father's Birthplace *Lindenick Mo*

Mother's Maiden Name *Rebecca Lout* Mother's Birthplace *" "*

Name of person giving Information How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

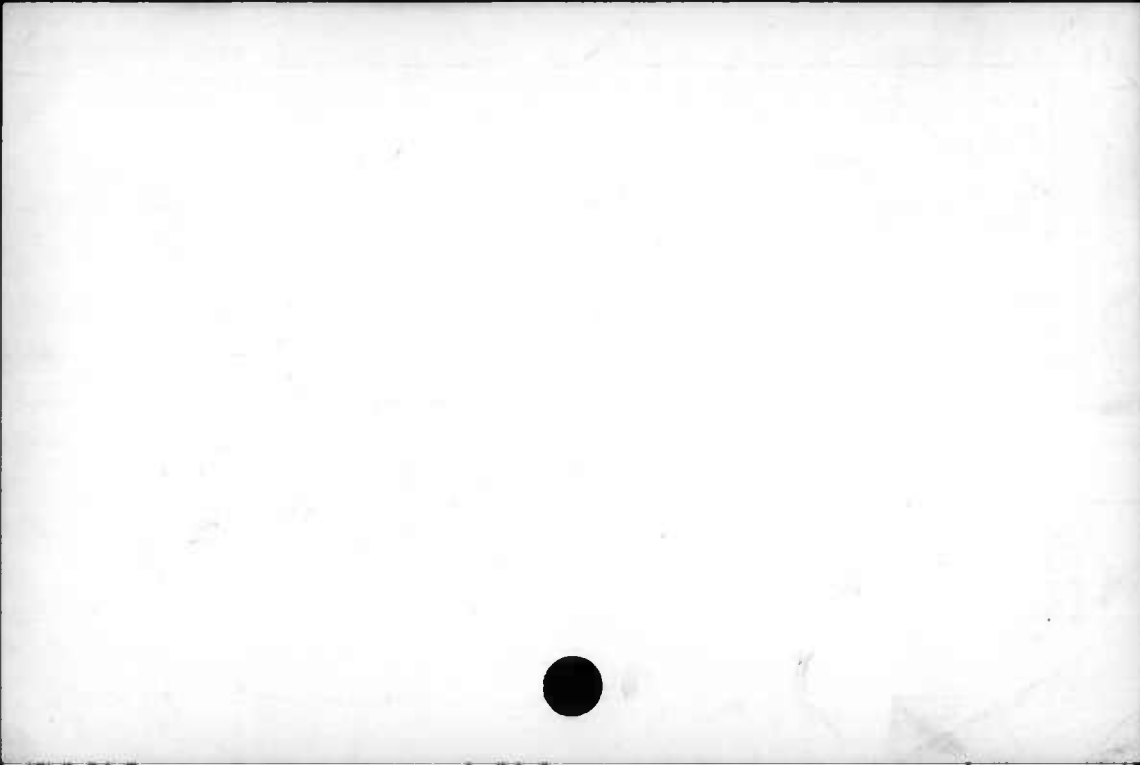
Primary *Paralysis* How long *2 mos*

Immediate

Are the name, age, sex, color, date and place correctly given above ?

Signature of Physician *A. Smith* Address *Jefferson Md*

Accident or Suicide



Name  
in  
Full

*Glorance Herbert child*

CERTIFICATE OF DEATH

Died at *near Jefferson* Town *Jefferson* County *MARYLAND*

Date of death 190 *9* Month *9* Day *17* Age *1* Years Months *17* Days

Sex *Female* Color or Race *negro* Birth-place *near Jefferson*  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

~~Married, Single~~  
~~or Widowed~~ Name of Wife or Husband \_\_\_\_\_

Father's Name *Don't know* Father's Birthplace \_\_\_\_\_

Mother's Maiden Name *Glorance Herbert* Mother's Birthplace \_\_\_\_\_

Name of person giving Information \_\_\_\_\_ How related to deceased \_\_\_\_\_

CAUSES OF DEATH

Primary *Improper diet* How long \_\_\_\_\_  
Immediate *Acute indigestion* How long *1 wk*

Are the name, age, sex, color, date and place correctly given above? ☒ Signature of Physician *A. J. Smith*  
Address *Jefferson Md*  
Accident or Suicide ☒

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Baby Horton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

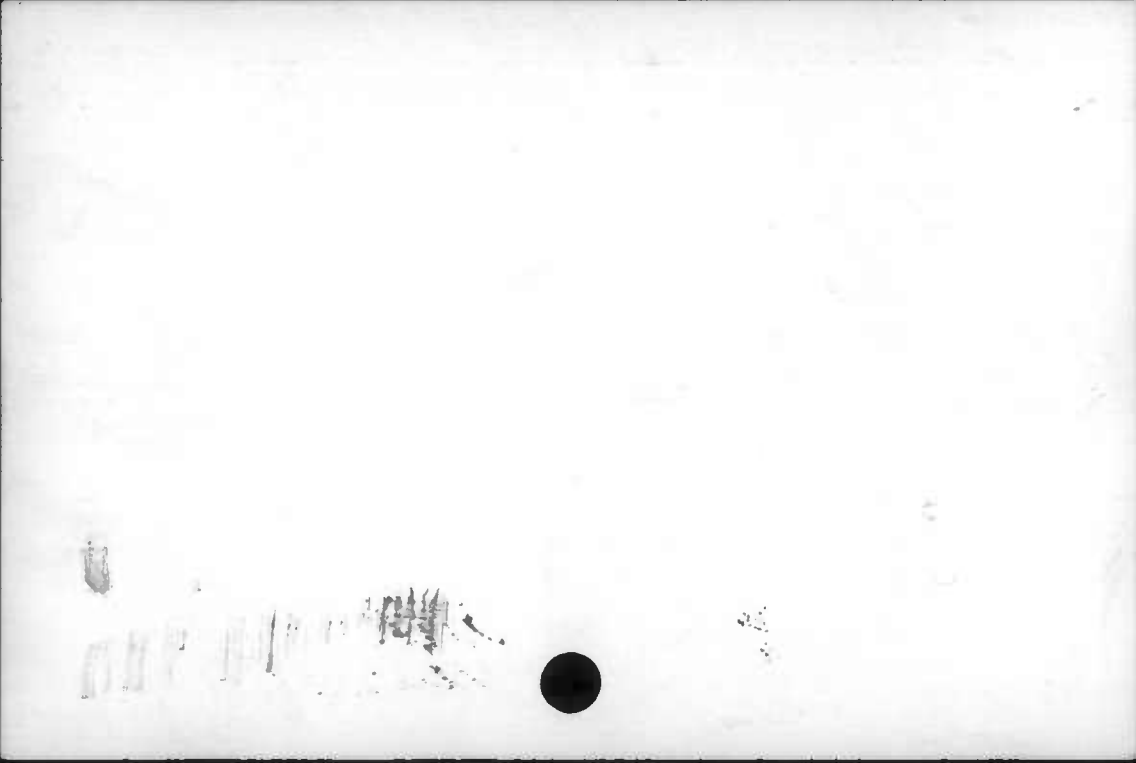
Died at <i>Cleunsouville</i>		Town <i>Cleunsouville</i>		County <i>Frederick Co</i>		MARYLAND	
Date of death <i>1909 Sept 23</i>		Month <i>Sept</i>		Day <i>23</i>		Age <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Cleunsouville</i>		Months <i>—</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Years <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>		Father's Birthplace <i>Frederick Co</i>		Father's Name <i>Ezra P. Horton</i>	
Mother's Maiden Name <i>Mary E. Harman</i>		How related to deceased <i>Father</i>		Mother's Birthplace <i>Frederick Co</i>		Name of person giving Information <i>Father</i>	

CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <i>Cerebral Haemorrhage</i>		How long <i>at Birth</i>	
Immediate <i>Respiratory Failure</i>		How long <i>at Birth</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. H. Legg.</i>	
Accident or Suicide <i>no</i>		Address <i>Union Bridge.</i>	



Name  
in  
Full

Catherine Ann Hull

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Breagerstown		<sup>County</sup> Frederick		MARYLAND	
Date of death 1909 Sep 18		Age 82		Months 8 Days 18	
Sex Female	Color or Race White	Birth-place Woodborosist's			
Occupation Retired	Where Residing if not at place of death		at place of death		
Married, Single or Widowed Widowed	Name of Wife or Husband William Hull				
Father's Name John Barrick	Father's Birthplace Unknown				
Mother's Maiden Name Esther Kartz	Mother's Birthplace Unknown				
Name of person giving information Marcie E. Hankey		How related to deceased		Daughter	

## CAUSES OF DEATH

(64)

PHYSICIAN  
OR CORONER

Primary Senile debility	How long 9 days
Immediate Apoplexy	How long 3 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. D. S. Young
	Address Breagerstown
	Fred'k Co.
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

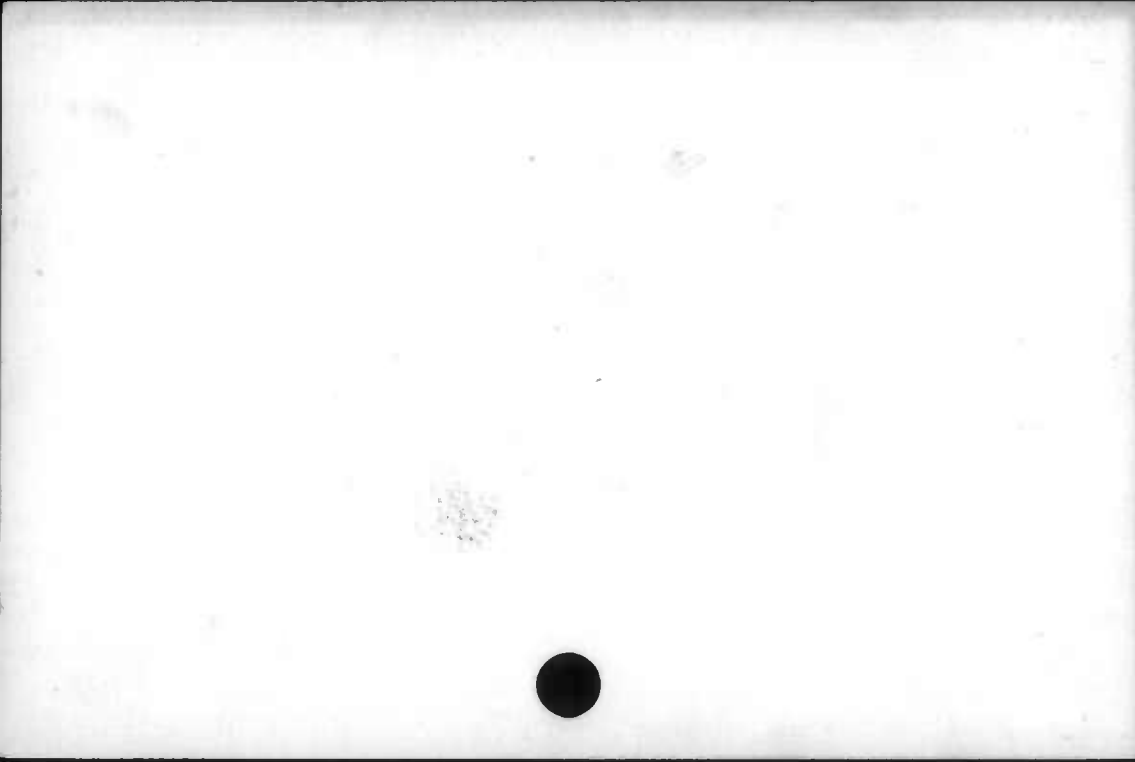
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>Sept</i>		Day <i>20</i>		Age <i>yr</i>	
Sex <i>Male</i>		Color or Race <i>Caucasian</i>		Birth-place <i>Ta</i>		Months <i>—</i> Days <i>—</i>	
Occupation <i>clergyman</i>		Where Residing if not at place of death <i>—</i>					
<input checked="" type="checkbox"/> Married, Single <input type="checkbox"/> Widowed		Name of Wife or Husband <i>Mary Addison</i>					
Father's Name <i>John P. Ingler</i>		Father's Birthplace <i>Washington D.C.</i>					
Mother's Maiden Name <i>Susan Baker</i>		Mother's Birthplace <i>Washington D.C.</i>					
Name of person giving Information <i>Mary Addison Ingler</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

Primary	<i>Chronic Prostatitis</i>	How long	<i>125</i> years
Immediate	<i>Uremia</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm Crawford Jensen</i>	
Address <i>Frederick Md</i>			
Accident or Suicide <i>— neither</i>			

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

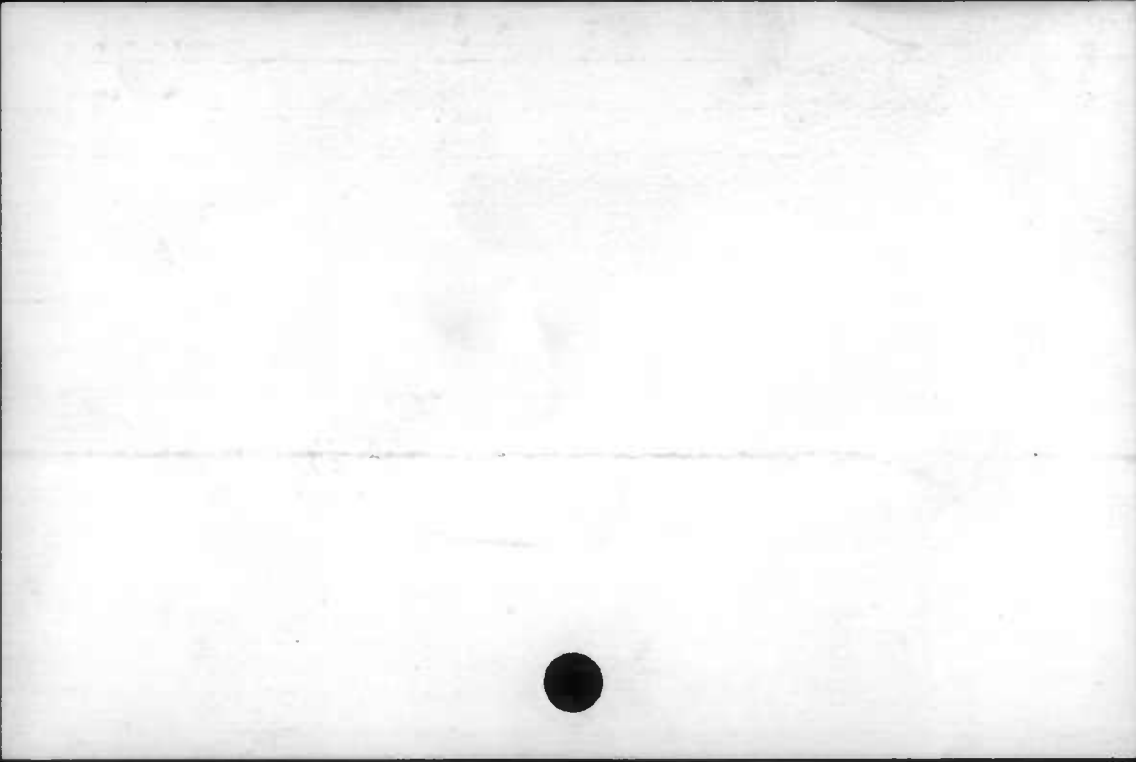
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fredrick</i>		County <i>Fredrick</i>		MARYLAND	
Date of death	1909	Month	Sept.	Day	1st
Age	62	Years	5	Months	25
Sex	Female	Color or Race	W	Birth-place	W.D.
Occupation	House	Where Residing if not at place of dath <i>Fredrick</i>			
Married, Single or Widowed	Single	Name of Wife or Husband —			
Father's Name	David Jacobs	Father's Birthplace <i>M.D.</i>			
Mother's Maiden Name	Margaret Plain	Mother's Birthplace <i>M.D.</i>			
Name of person giving Information	Frank Smith	How related to deceased <i>Nephew</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Copulation Hemorrhage</i>	How long	
Immediate		How long	<i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>F. H. Heggen</i>
		Address	<i>Fredrick</i>
Accident or Suicide			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

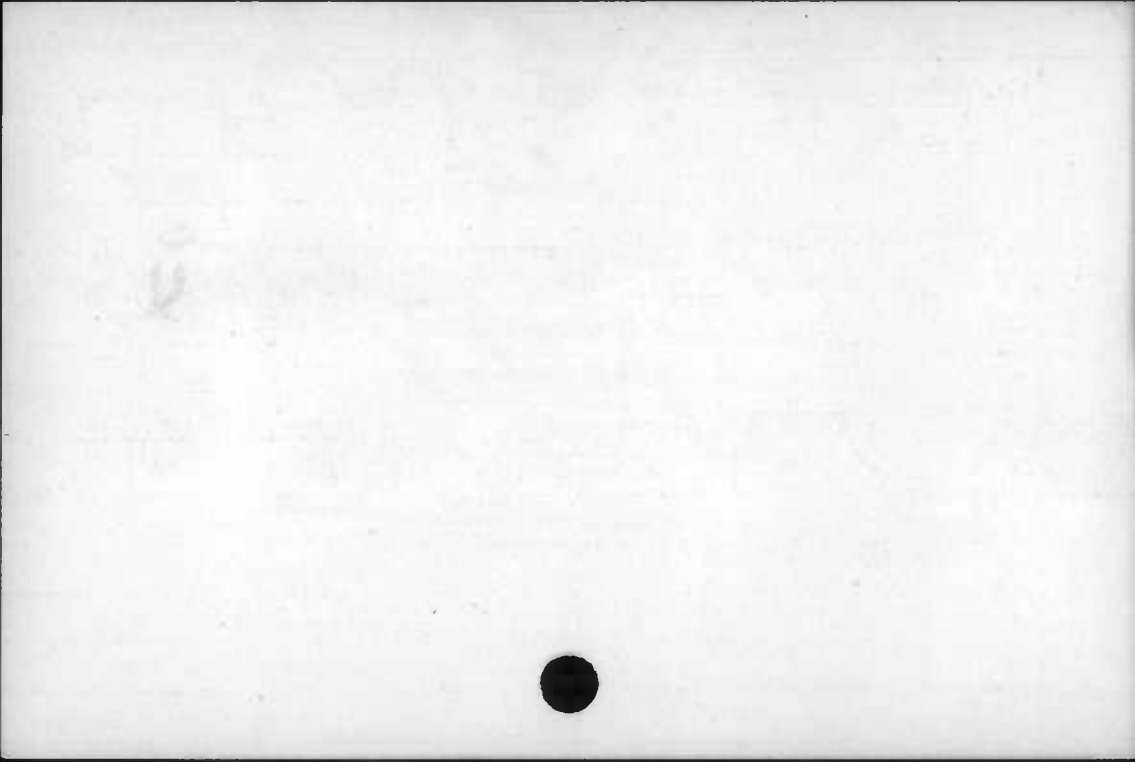
Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND					
Date of death <i>1909</i>		Month <i>Sept.</i>		Day <i>17</i>		Age <i>47</i>		Months <i>5</i>		Days <i>16</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Frederick, Md.</i>							
Occupation <i>Tailor</i>				Where Residing if not at place of death							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Georgia</i>		<i>Marion</i>							
Father's Name <i>Patrick Kennedy</i>		Father's Birthplace <i>Ireland</i>									
Mother's Maiden Name <i>Ellen Hayne</i>		Mother's Birthplace <i>Ireland</i>									
Name of person giving information <i>John Kennedy</i>		How related to deceased <i>Brother</i>									

## CAUSES OF DEATH

56

PHYSICIAN  
OR CORONER

Primary <i>Acute Alcoholism</i>	How long <i>One week</i>
Immediate <i>Cardiac Asthenia</i>	How long <i>Several days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. O. Needy, M.D.</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide? <i>Yes</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

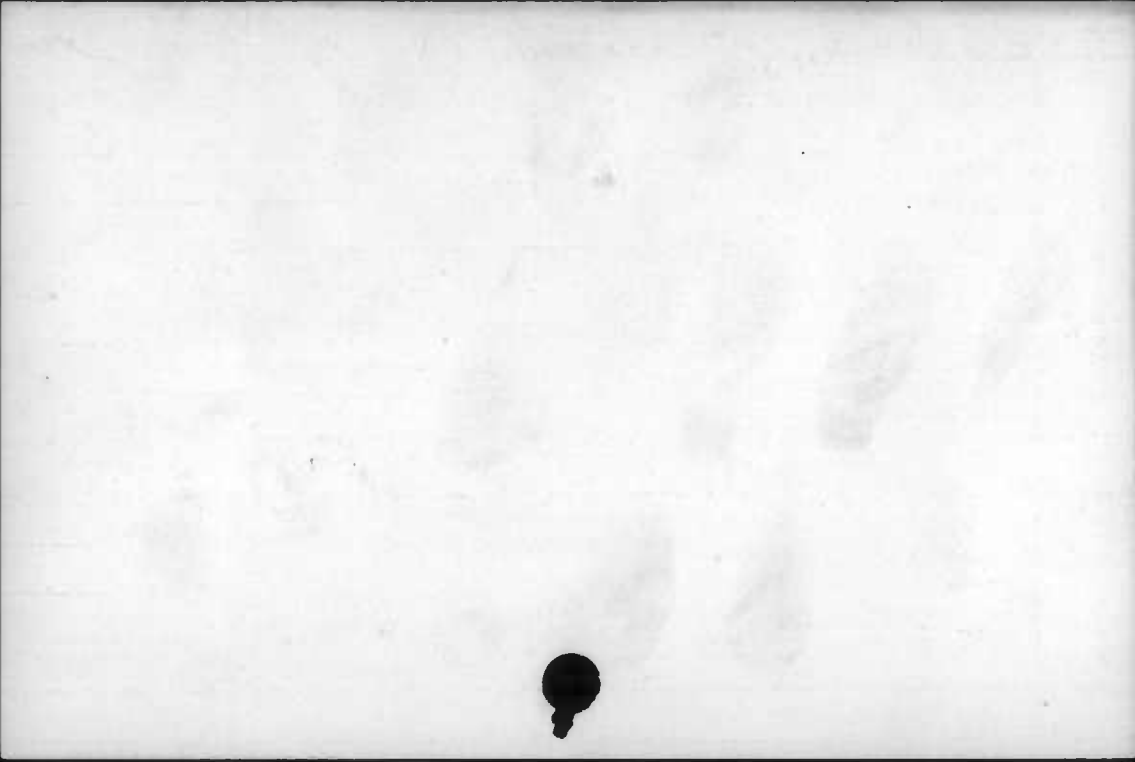
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Emmitsburg</i> <sup>Town</sup> <i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	9
	Day	7	Age
	Years	83	Months
			Days
Sex	<i>Female</i>	Color or Race	<i>White</i>
Occupation	<i>House Wife</i>	Birth-place	<i>Md</i>
Where Residing if not at place of death			
Married, <del>Single</del> or Widowed	<i>widowed</i>	Name of <del>Wife</del> Husband	<i>Christian Lantz</i>
Father's Name	<i>Christian Lantz</i>	Father's Birthplace	<i>Md</i>
Mother's Maiden Name	<i>Anna Harbaugh</i>	Mother's Birthplace	<i>"</i>
Name of person giving information	<i>Mary J. Lantz</i>	How related to deceased	<i>Daughter</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Mitral regurgitation</i>	How long	<i>6 years</i>
Immediate	<i>Anthemia</i>	How long	<i>3 weeks.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>B. J. Jamison</i>
		Address	<i>Emmitsburg Md</i>
Accident or Suicide?	<i>No</i>		





Name  
in  
Full

Kathuram E. Lawson

## CERTIFICATE OF DEATH

Town

County

Died at near Hyattstown

Frederick

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907

September

6.

Age

80

6

20

Sex

female

Color or  
Race

white

Birth-  
place

Md.

Occupation

domestic

Where Residing if not  
at place of death

near Hyattstown

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

Urrak Lawson

Father's  
Name

Salem Turner

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Mary .. "

Mother's  
Birthplace

Md.

Name of person giving  
Information

Laker Lawson

How related  
to deceased

Son

## CAUSES OF DEATH

154

Primary

General debility

How long

3 Mo.

Immediate

Heart failure

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

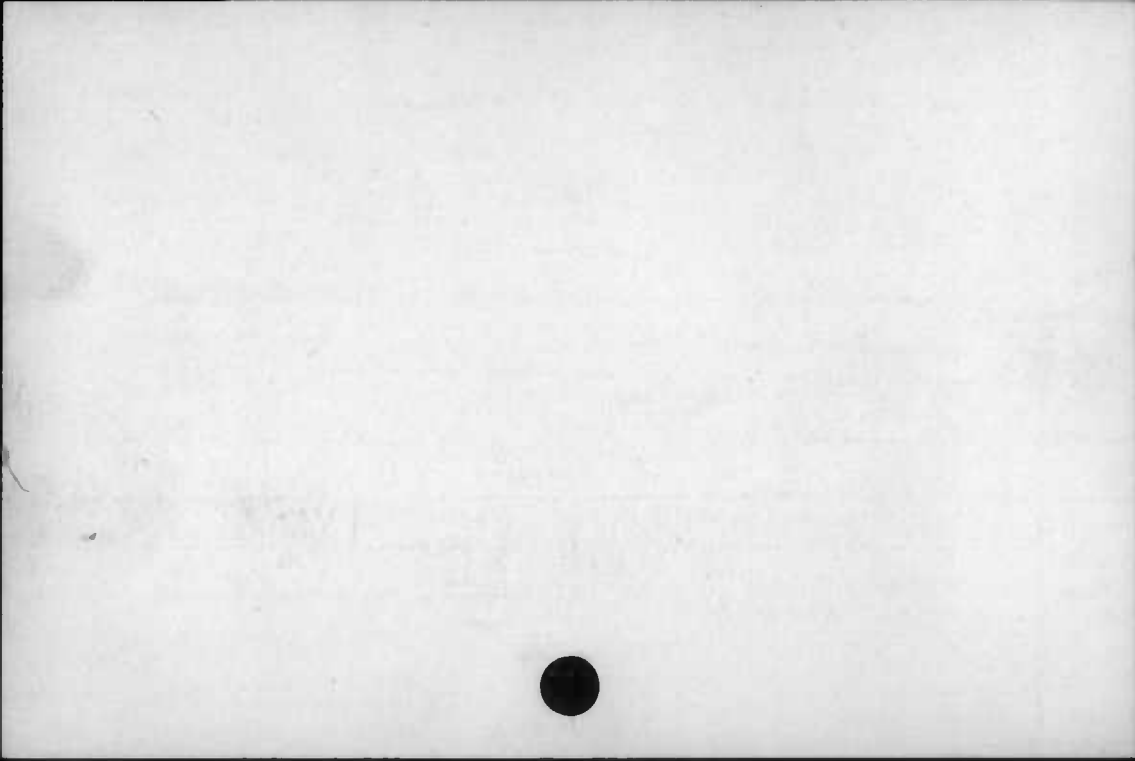
Signature of  
Physician

Address

Bury Perry,  
Araby,  
Ind.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Edgar C. Legg

CERTIFICATE OF DEATH

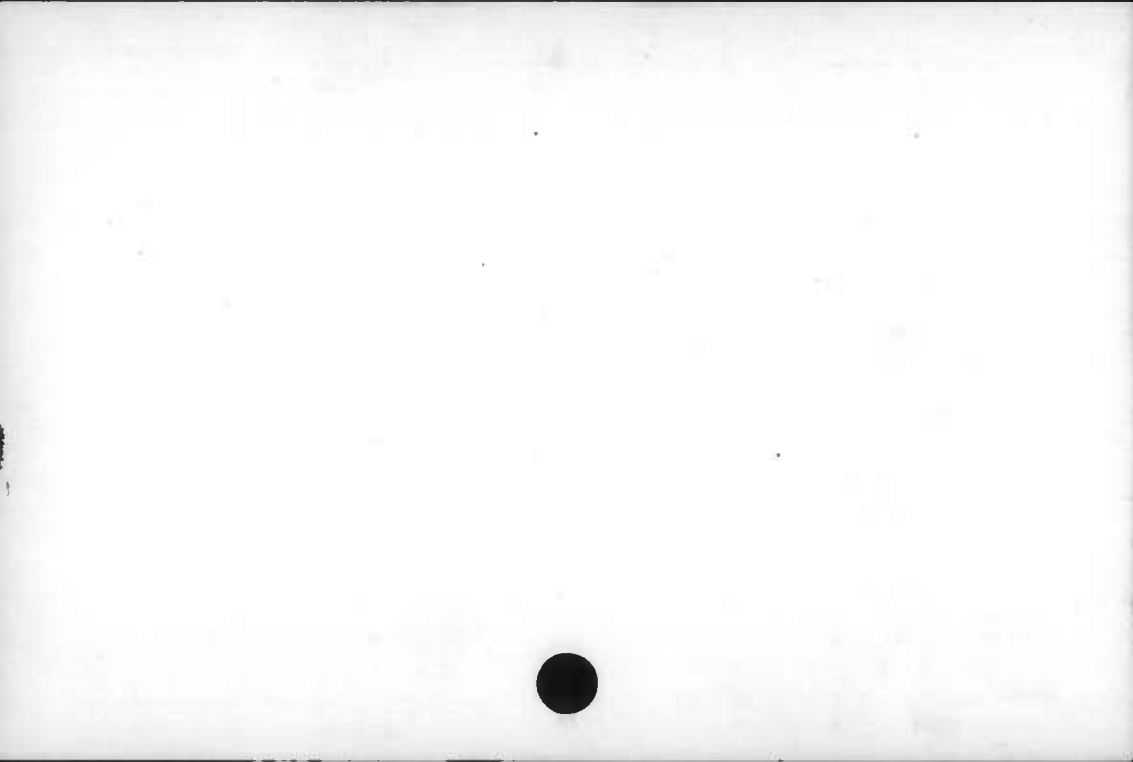
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Indiana</i>		County <i>Indiana</i>		MARYLAND	
Date of death	Month	Day	Age	Years	Months
1909	Sept.	29	66	3	7
Sex	Color or Race	Birth-place			
Male	White	Va.			
Occupation	Where Residing if not at place of death				
Fanner.					
Married, Single or Widowed	Name of Wife or Husband				
Married	Ella Webster				
Father's Name	Father's Birthplace				
George R. Legg	Va.				
Mother's Maiden Name	Mother's Birthplace				
Ellen Dougherty	Va.				
Name of person giving Information	How related to deceased				
Edgar Legg Jr	Son				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Arterio-sclerosis</i>	How long	<i>gradual</i>
Immediate	<i>Angina Pectoris</i>	How long	<i>a few mins.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	<i>J. B. Johnson</i>		
	Address		
	<i>Indiana, Ind.</i>		
Accident or Suicide			



Name  
in  
Full

Arthur E. Lumbart

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

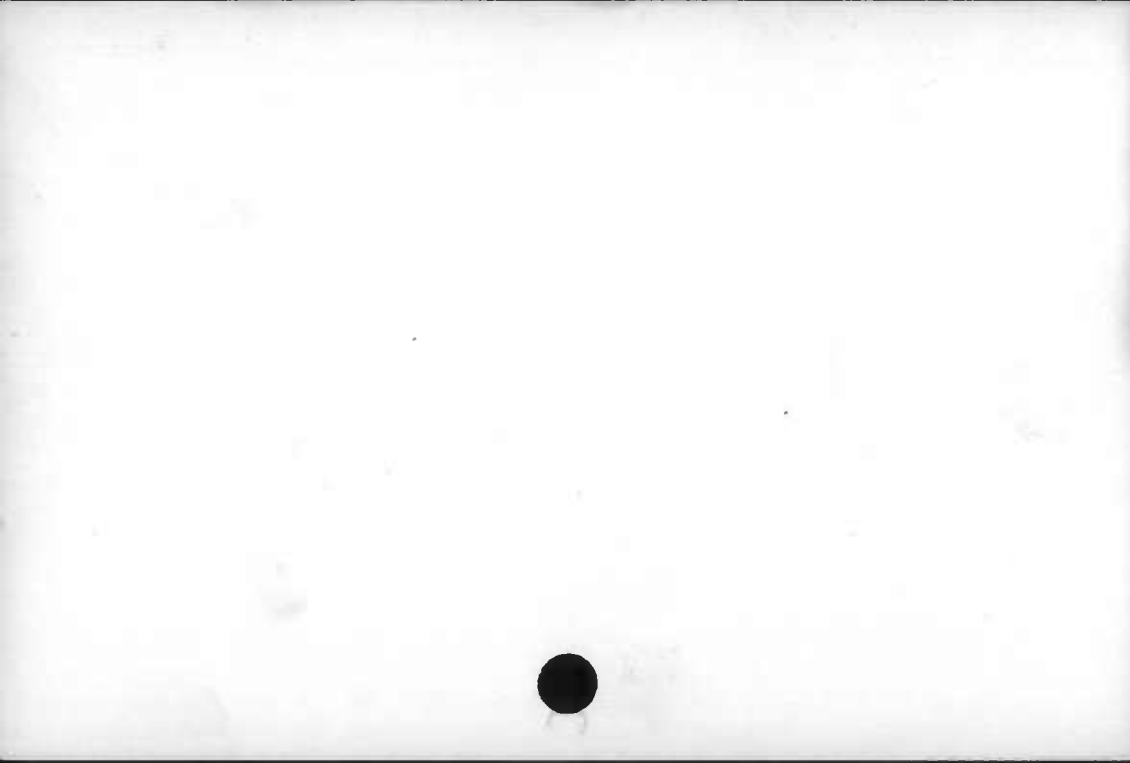
Died at <u>Hope Hill</u>		County <u>Frederick</u>		MARYLAND	
Date of death	190 <u>9</u>	Month <u>Sept</u>	Day <u>6</u>	Age <u>1</u>	Months <u>7</u> Days <u>3</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Ind.</u>		
Occupation <u>—</u>	Where Residing if not at place of death <u>Same</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Leighton Lumbart</u>	Father's Birthplace <u>Ind.</u>				
Mother's Maiden Name <u>Effie White</u>	Mother's Birthplace <u>Ind.</u>				
Name of person giving Information <u>Leighton Lumbart</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

9

PHYSICIAN  
OR CORONER

Primary <u>Meningeal Lymphitis</u>	How long <u>20 hrs</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. Clyde Routon</u>
Address <u>Buckleytown</u>	<u>Ind.</u>
Accident or Suicide <u>—</u>	



Name  
in  
Full

Patience E. Long.

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> *Madison/Hyattsville* <sup>County</sup> *Indues* **MARYLAND**

Date of death 1909 <sup>Month</sup> *Sept* <sup>Day</sup> *21* <sup>Years</sup> *49* <sup>Months</sup> *X* <sup>Days</sup> *X*

Sex *male* Color or Race *white* Birth-place *Unknown*

Occupation *Hotel Keeper -* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Margaret Long*

Father's Name *James Long* Father's Birthplace *Ireland*

Mother's Maiden Name *Mary Mahoney* Mother's Birthplace *"*

Name of person giving Information How related to deceased

## CAUSES OF DEATH

27

Primary *Pulmonary Tuberculosis* *How long* *For 10 yrs*

Immediate *Haemoptysis* *How long* *a few min.*

Are the name, age, sex, color, date and place correctly given above? *J. B. Johnson*

Signature of Physician *J. B. Johnson*

Address *Indues Md.*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Robert Lease Montgomery

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Point of Rocks <sup>County</sup> Frederick MARYLAND

Date of death 190 9 9 <sup>Month</sup> 8 <sup>Day</sup> Age 62 <sup>Years</sup> 1 <sup>Months</sup> 1 <sup>Days</sup>

Sex Male Color or Race White Birth-place

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband Sarah E. b. Peomroy

Father's Name Joseph Montgomery Father's Birthplace Va

Mother's Maiden Name Susan Jane Harris Mother's Birthplace Va

Name of person giving Information Sarah E. b. Montgomery How related to deceased wife

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

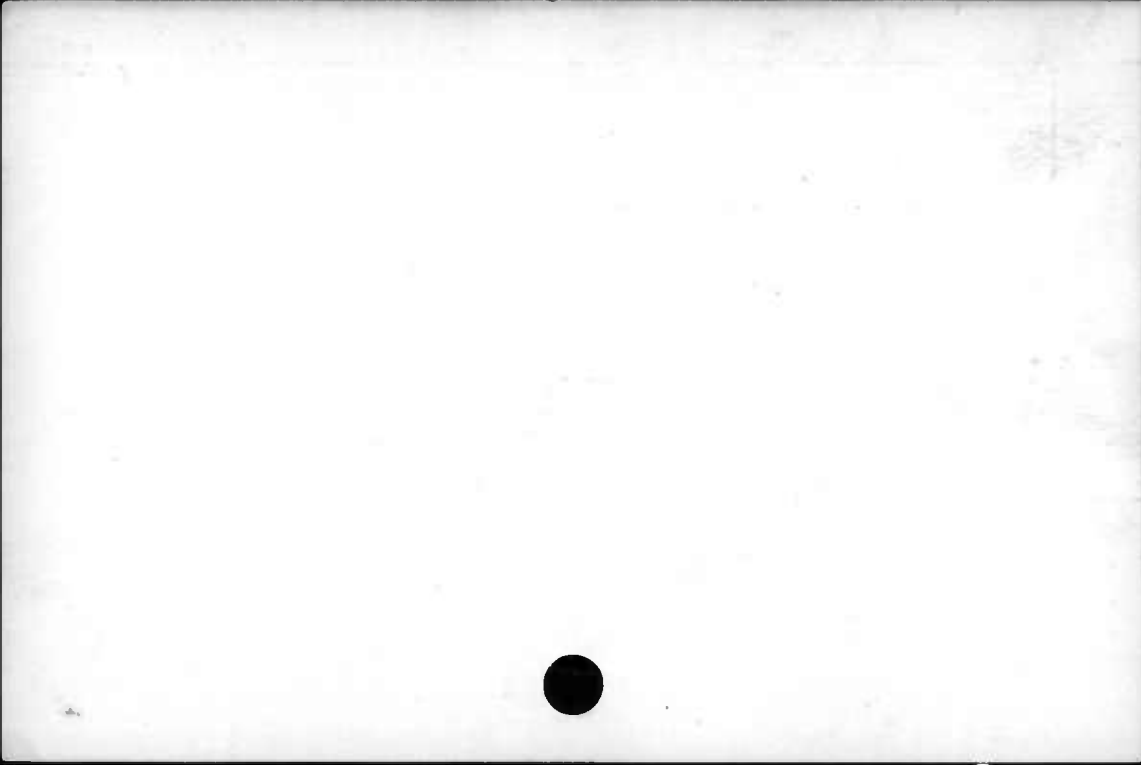
Primary How long

Immediate Valvular Heart trouble One year

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician R. b. Humphreys

Address Adamstown Md

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

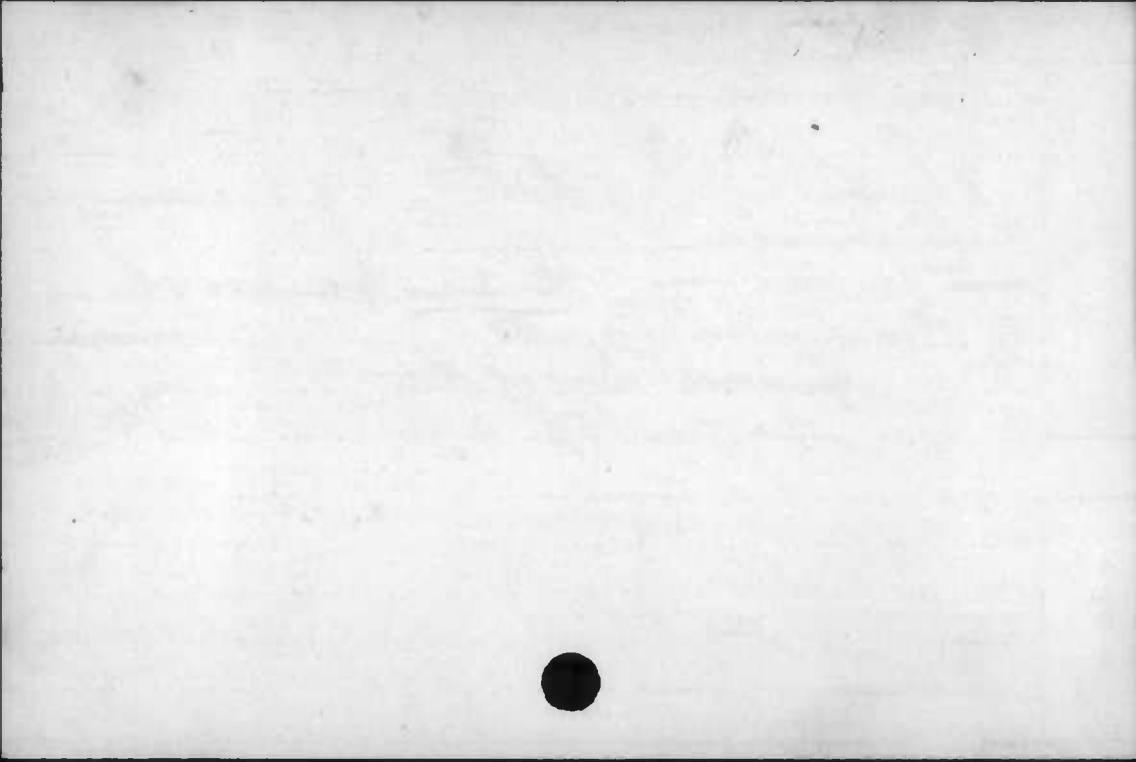
Died at <i>Minville</i> <sup>Town</sup>		<i>Fredereck</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909</i>	Month <i>Sept</i>	Day <i>4</i>	Age <i>37</i>	Months <i>2</i> Days <i>14</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Md</i>		
Occupation <i>Conductor</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Carry Kerus</i>			
Father's Name <i>J. J. Moon</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Virginia Butler</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Frederick Moon</i>			How related to deceased <i>Brother</i>		

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary	<i>Killed by Cars</i>	How long	<i>Instantly</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Levin West</i>	
		Address <i>Brunswick Fredereck Co</i>	
Accident or Suicide? <i>Accident</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

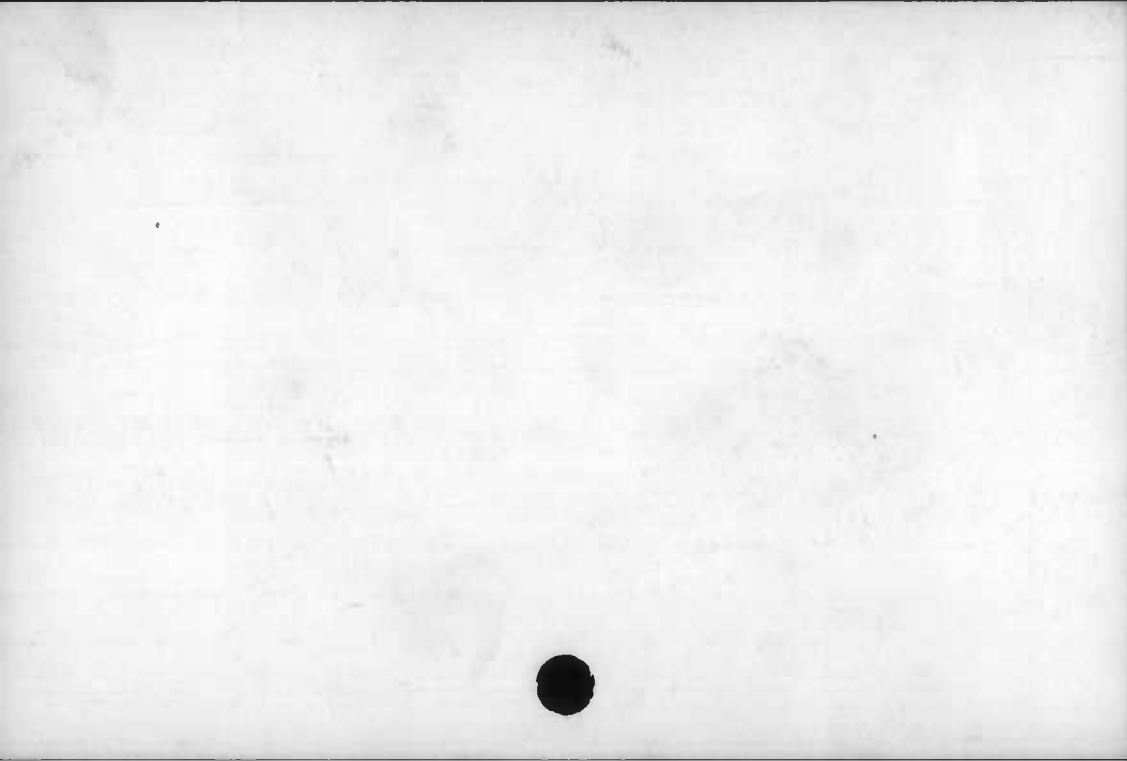
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John Muth</i>		Town <i>Emmitsburg</i>		County <i>Frederick</i>		State <i>MARYLAND</i>	
Died at <i>Emmitsburg</i>		Date of death 190 <i>9</i>		Month <i>9</i>	Day <i>17</i>	Age <i>85</i>	Months <i>5</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>		Days <i>5</i>	
Occupation <i>Cabinetmaker</i>		Where Residing if not at place of death <i>Germany</i>					
Married, <i>Yes</i> <i>Married</i>		Name of Wife or Husband <i>Susan Humrick</i>					
Father's Name <i>Frederick Muth</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Anna Snyder</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Augustus Muth</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Old Age</i>	How long <i>14</i>
Immediate <i>Acute Dysentery</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. D. E. Stork</i>
	Address <i>Emmitsburg Md</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

CERTIFICATE OF DEATH

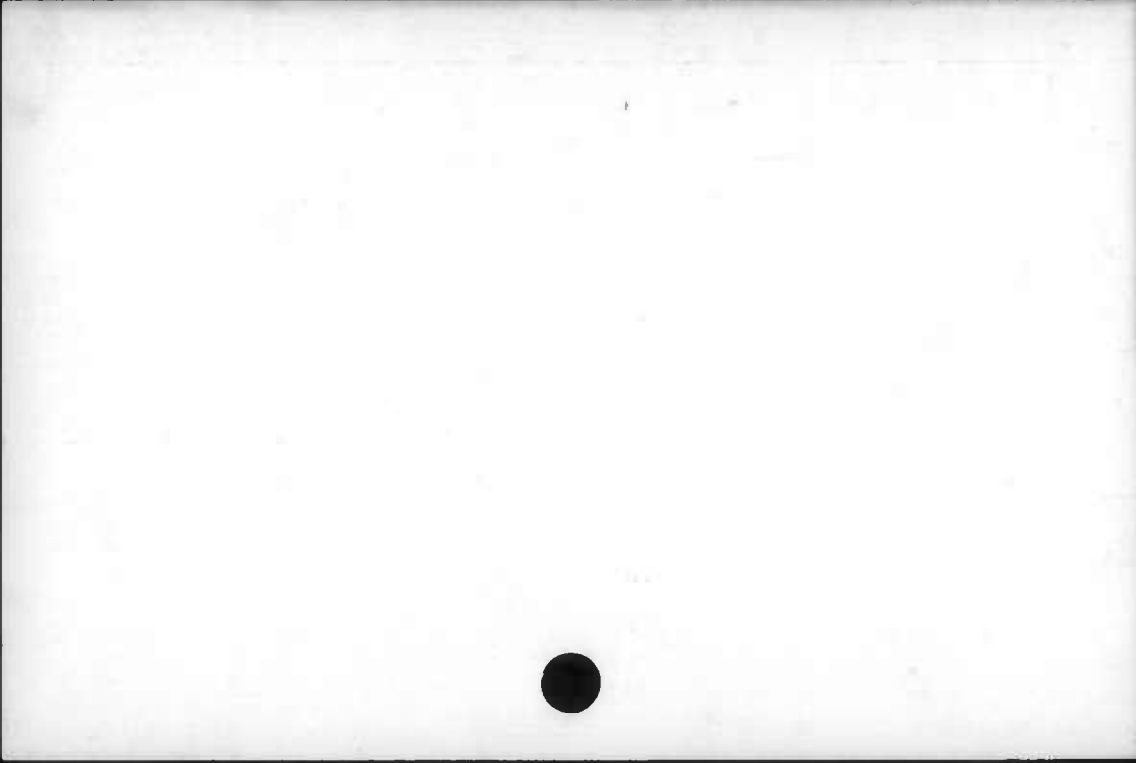
Died at <i>Mountaine</i>		Town <i>Frederick</i>		County <i>+</i>		MARYLAND	
Date of death 190 <i>9</i>		Month <i>Sept</i>		Day <i>11</i>		Age <i>64</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth place <i>Unknown</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>"</i>					
Name of person giving Information <i>Nicholas Gassaway</i>		How related to deceased <i>No relation</i>					

TO BE ANSWERED BY  
NEAREST FRIEND

CAUSES OF DEATH

Primary <i>Atherosclerosis</i>		How long <i>Several yrs</i>	
Immediate <i>Apoplexy</i>		How long <i>Immediate</i>	
Are the name, age, sex, color, date and place correctly given above? <i>As</i>		Signature of Physician <i>U. G. Dourne M.D.</i>	
Address <i>As far as could be ascertained</i>		Address <i>Frederick, Md.</i>	
Accident or Suicide			

PHYSICIAN  
OR CORONER





**TO BE ANSWERED BY  
NEAREST FRIEND**

PHYSICIAN  
OR CORONER

### CERTIFICATE OF DEATH

County. *Frederick*

## MARYLAND

Day 10

Age

Years

Months

Days

Sex *Female*

Color or Race

Black

Birth-  
place

 $\frac{1}{2} d$ 

Occupation

Where Residing if not  
at place of death

Mount Clinton

Married, Single  
or WidowedName of Wife or  
Husband

Father's  
Name

Arthur Patterson

Father's Birthplace

md

Mother's  
Maiden Name

Marcie Jones

Mother's Birthplace

med

Name of person giving information

Arthur Patterson

How related  
to deceased

Father

### CAUSES OF DEATH

179

Primary

Probably due to Malnutrition

How long

Immediate

No physician saw it -

How long

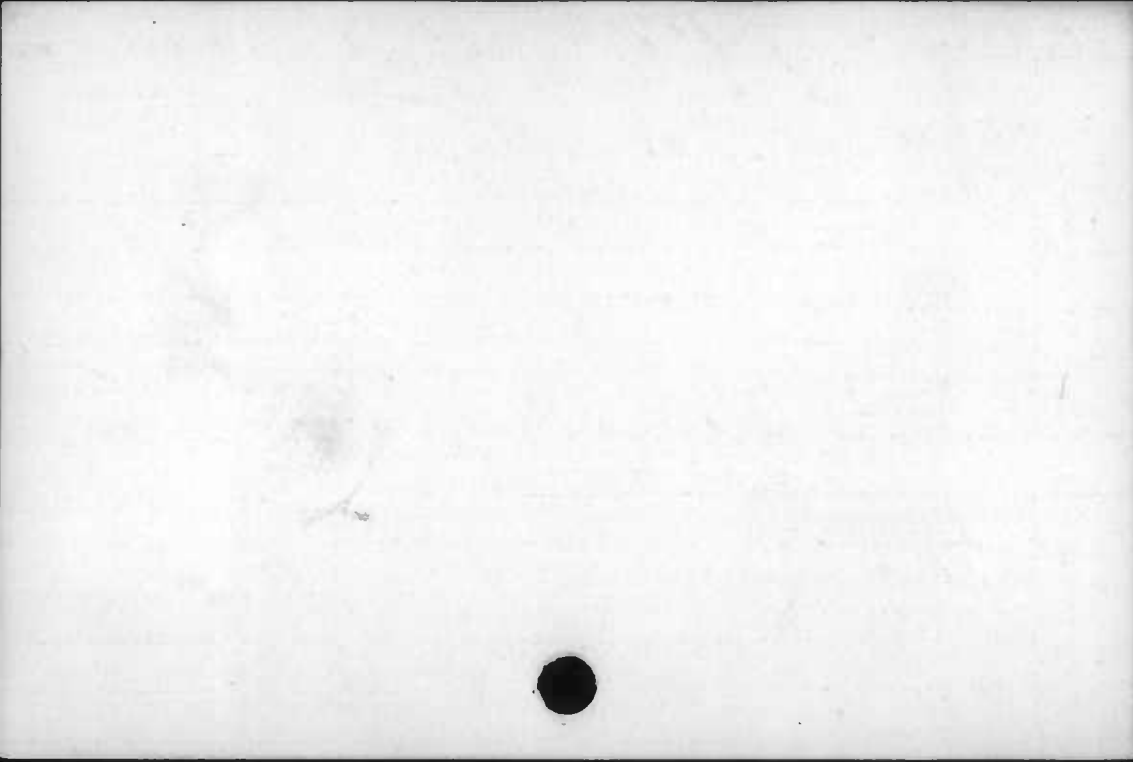
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

East River  
New Windsor

### Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Disd at *Buckupstown* *Infant Paul* *Frederick* *X* **MARYLAND**  
 Date of death 190*9* *9* *30* Age *9* *mo*  
 Sex *Male* Color or Race *Bl* Birth-place *md*  
 Occupation *X* Where Residing if not at place of death *X*  
 Merried, Single or Widowed *X* Name of Wife or Husband *X*  
 Father's Name *✓ Ernest Paul* Father's Birthplace *✓ md*  
 Mother's Maiden Name *✓ Mary Hall* Mother's Birthplace *✓ md*  
 Name of parson giving Information *Ernest Paul* How related to deceased *Father*

CAUSES OF DEATH

**179**

PHYSICIAN  
OR CORONER

Primery *Marasmus* How long *1 mo*  
 Immediate *Exhaustion* How long

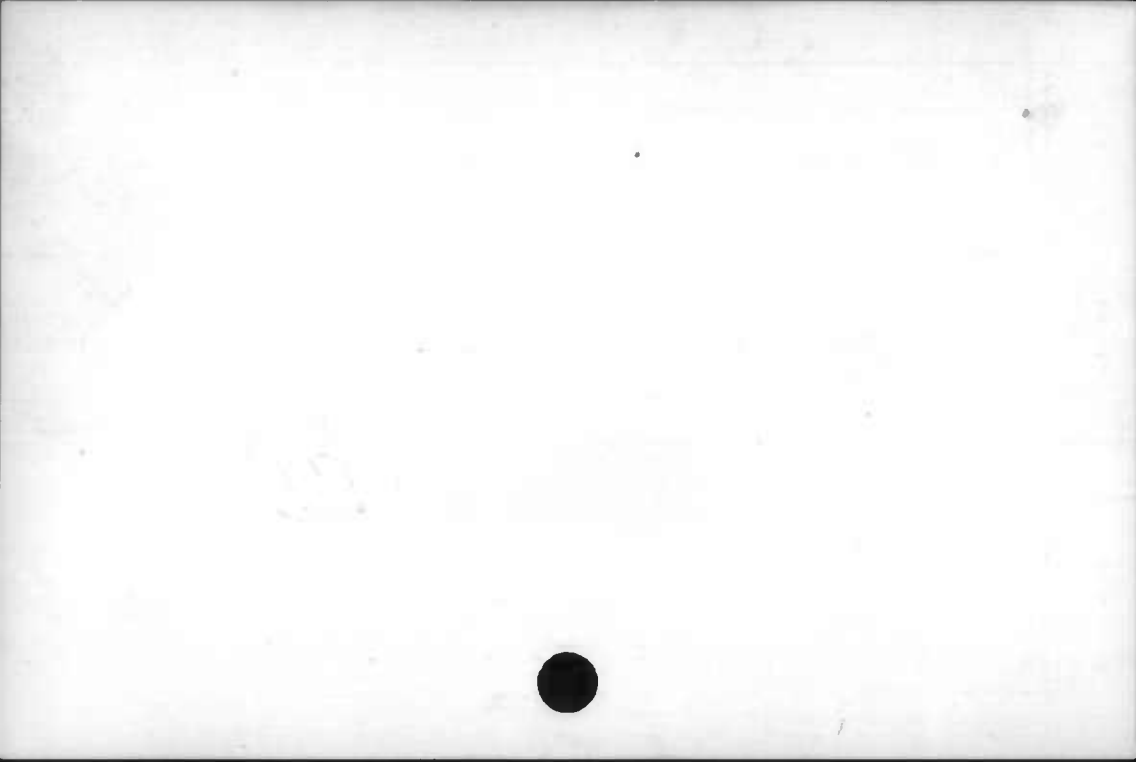
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

*C. J. Forde md*  
*Frederick*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mary D. Pryor</i>		Town <i>Thurmont</i>		County <i>Fredrick</i>		MARYLAND	
Date of death 1909		Month <i>Sept</i>	Day <i>22</i>	Age <i>49</i>	Months <i>10</i>	Days <i>27</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Md.</i>			
Occupation <i>wife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Martha L. Pryor</i>					
Father's Name <i>Joseph F. Fox</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Serphine Burkman</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving Information <i>M. L. Pryor</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Endocarditis</i>	How long <i>107 ms.</i>
Immediate <i>Cardiac Asthma</i>	How long <i>6 ms.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Morris A. Buel</i>
	Address <i>Thurmont Md.</i>
Accident or Suicide <i>no</i>	



Name  
in  
Full

Jas Edw. Roberts

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Brunswick <sup>County</sup> Frederick MARYLANDDate of death 1909 <sup>Month</sup> Sept <sup>Day</sup> 25 Age <sup>Years</sup> 62 <sup>Months</sup> <sup>Days</sup>

Sex male Color or Race white Birth-place Va

Occupation none Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Mathamur Roberts Father's Birthplace Va

Mother's Maiden Name Elizabeth Lideboller Mother's Birthplace Va

Name of person giving Information Mrs H J Bruns How related to deceased Sister

## CAUSES OF DEATH

Primary Acute Bright disease How long 119 2 days

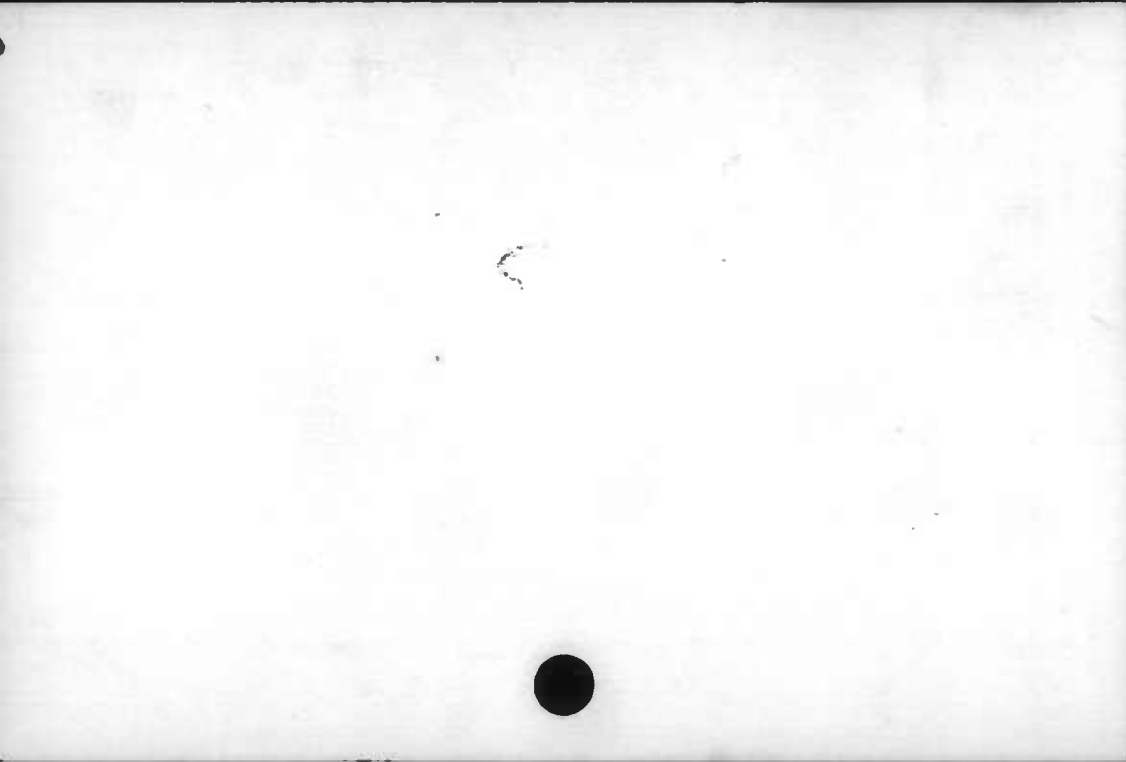
Immediate

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician B. Heape

Address Brunswick Mo

Accident or Suicide

PHYSICIAN  
OR CORONER





Name  
in  
Full

Infant (Still Birth)

## CERTIFICATE OF DEATH

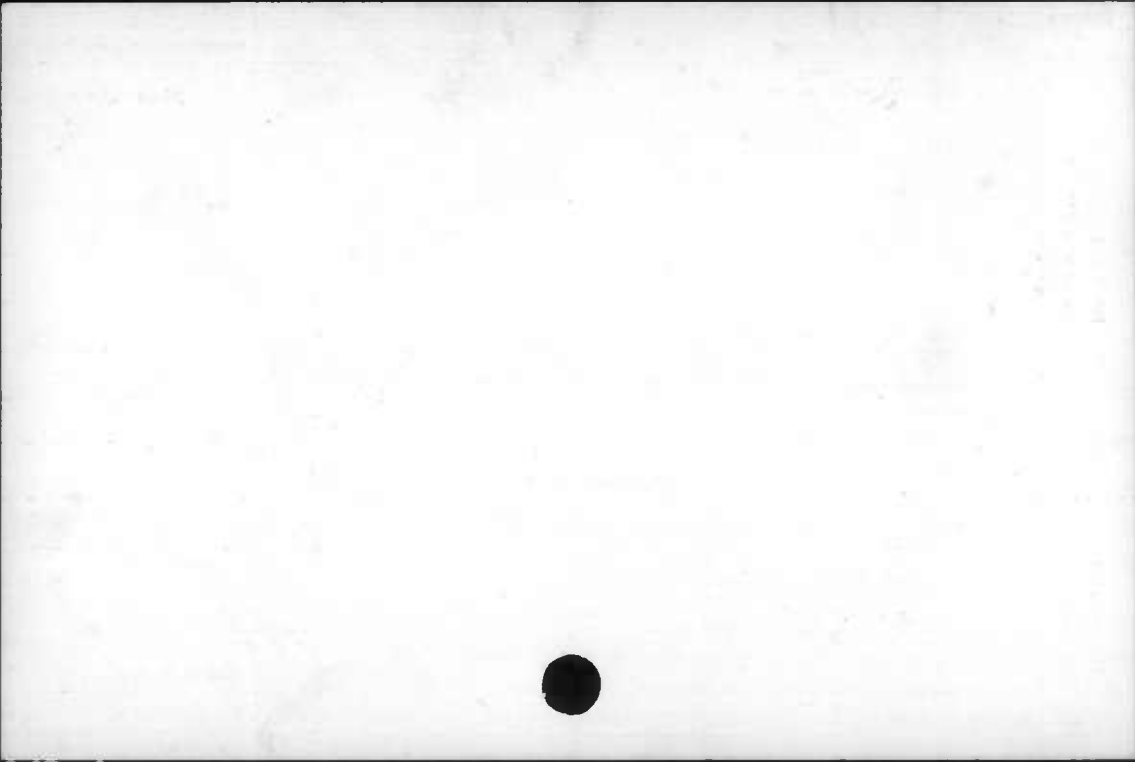
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		13 runswech		Frederick		MARYLAND	
Date of death		1909	Month	Sept	Day	24	Age
Sex		Female		Color or Race		White	
Occupation				Birth-place		md	
Married, Single or Widowed				Where Residing if not at place of death			
Father's Name		Chas C Robinson		Father's Birthplace		md	
Mother's Maiden Name		Mary Genevieve Foster		Mother's Birthplace		md	
Name of person giving Information		May E. Robinson		How related to deceased		mother	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Still Birth	How long	(8)
Immediate	Born several days before birth	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Lin H. West
Address		Address	Health Officer
Accident or Suicide			



Name  
in  
Full

Sallie Rebecca Sappington

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Liberty		Frederick		MARYLAND	
Date of death		1907	Sept	15	Age	73	
Sex		Female		Color or Race		White	
Occupation		None		Where Residing if not at place of death		Unionville	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Thomas Sappington		Father's Birthplace		Liberty town	
Mother's Maiden Name		Sarah Rebecca Coale		Mother's Birthplace		Liberty town	
Name of person giving Information		Rebecca Davis		How related to deceased		Niece	

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Chronic Bronchitis	How long	Two years
Immediate	Exhaustion	How long	Two days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Jas. C. Sappington	
Address		Liberty town Md.	
Accident or Suicide			



Name  
in  
Full

Bettie V. Schroyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDNear <sup>Town</sup> Frederick

County Frederick

MARYLAND

Date  
of death 1909

Month 9

Day 18

Age

Years 33

Months 11

Days 18

Sex Female

Color or  
Race

White

Birth-  
place

Frodoth. Co. Md.

Occupation

House Wife

Where Residing if not  
at place of death

Same

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Casper Neuhding and Charles E. Schroyer

Father's  
Name

George Oyler

Father's  
Birthplace

Frodoth. Co. Md.

Mother's  
Maiden Name

Harriet Wood

Mother's  
Birthplace

" " "

Name of person giving  
In formation

Chas E. Schroyer

How related  
to deceased

Husband

(Pus tube) Prosalbin.

CAUSES OF DEATH

132

PHYSICIAN  
OR CORONER

Primary

Pus tube

How long

3 mcs

Immediate

Peritonitis (Gonorrhea)

How long

1 week

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

H. H. Neuh  
Frederick

Accident or Suicide?

no

LIBRARY BUREAU A86816

Interment Sept 20 - 1909  
" at Mt. Olivet Cemetery

Thomas P. Rice F. D.

Dr Hedges

Dr Goodell

Dr McCurdy

Name  
in  
Full

Barbara Ann Shook

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Shookstown

Frederick

Date

Month

Day

Years

Months

Days

of death 1909

9

8

Age

69

11

18

Sex

Female

Color or  
Race

White

Birth-  
place

Fredk Co Md

Occupation

House Wife

Where Residing if not  
at place of death

Place of death

Married, Single  
or Widowed

Widowed

Name of ~~Wife~~  
Husband

Grandison G. Shook

Father's  
Name

Reuben Groove

Father's  
Birthplace

Fredk Co Md

Mother's  
Maiden Name

Maria Lantz

Mother's  
Birthplace

Germany

Name of person giving  
In formation

Mrs Geo. T. Roberts

How related  
to deceased

Daughter

## CAUSES OF DEATH

104

Primary

Mental Degeneration

How long

2 years

Immediate

acute Indigestion

How long

3 hours

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

H. H. Hahn  
Frederick.

Accident or Suicide?

---

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Interment Sep 10, 1909

" at Mt Olivet Cemetery

Thomas P. Rice F.D.

Dr Hedgie

Dr Goodell

Dr McCurdy.



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Arie Anna Smith*  
Died at *Shakensville* *Frederick* County *MARYLAND*  
Date of death 190*9* Month *Sept.* Day *20* Age *One* Years Months Days *13*  
Sex *Female* Color or Race *Colored* Birth-place *Frederick Co.*  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

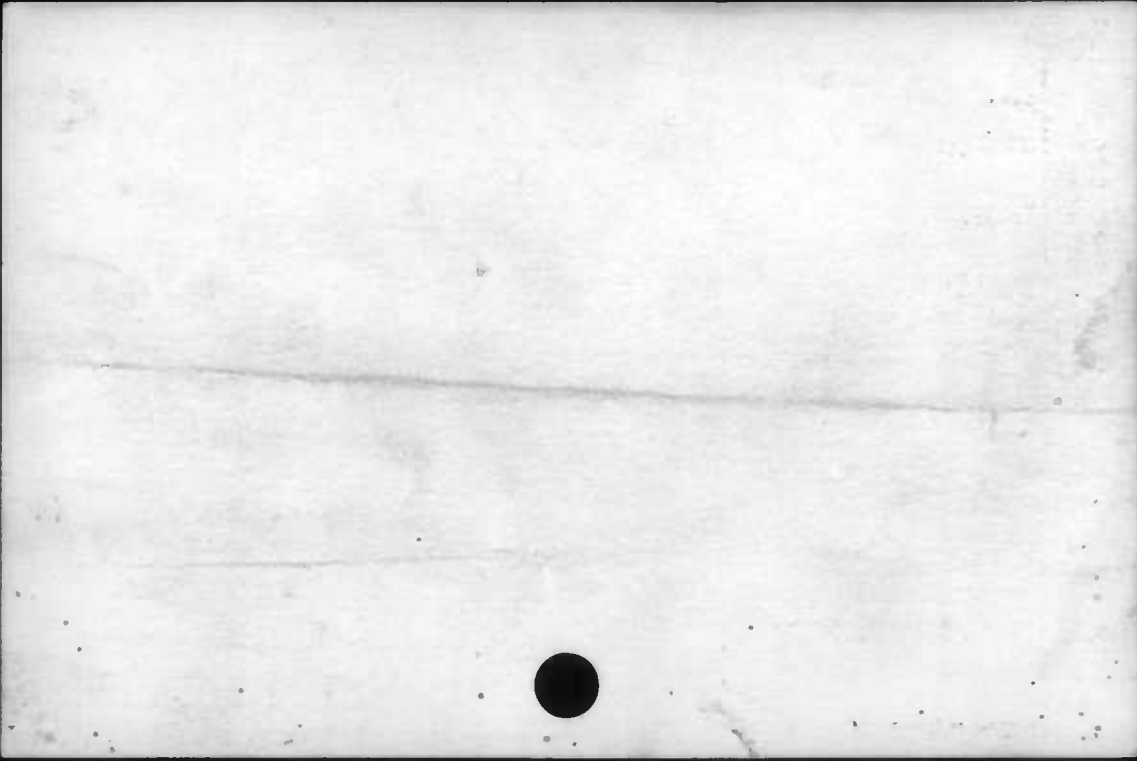
Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_  
Father's Name *Charles H. Smith* Father's Birthplace *Frederick Co.*  
Mother's Maiden Name *Winnie C. Furicks* Mother's Birthplace *Frederick Co.*  
Name of person giving Information *Charles H. Smith* How related to deceased *Father*

CAUSES OF DEATH

71

PHYSICIAN  
OR CORONER

Primary *Marasmus* How long *2 1/2 months*  
*convulsions* How long *2 hours*  
Immediate \_\_\_\_\_  
Are the name, age, sex, color, date and place correctly given above? *yes*  
Signature of Physician *John J. Remsburg*  
Address *Shakensville, Md.*  
Accident or Suicide *J*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Knopville County Frederick Smith +  
Died at Knopville Frederick MARYLAND  
Date of death 190 9 Month Sept Day 21 Age — Years — Months — Days —  
Sex Male Color or Race White Birth-place —  
Occupation — Where Residing if not at place of death —  
Married, Single or Widowed — Name of Wife or Husband —  
Father's Name Walter W. Smith Father's Birthplace Ind  
Mother's Maiden Name Ellen Wilson Mother's Birthplace Ind  
Name of person giving Information Walter W. Smith How related to deceased Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Still Birth

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide —



Name  
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Sarah E. Speaks</i>		Town <i>Pearle</i>		County <i>Dredge</i>		MARYLAND	
Died at <i>Pearle</i>		Month <i>Sept</i>		Day <i>4</i>		Years <i>61</i>	
Date of death <i>1907</i>		Month <i>Sept</i>		Age <i>61</i>		Months <i>8</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Ind.</i>			
Occupation <i>none</i>		Where Residing if not at place of death					
Merriad, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Danl Speaks</i>					
Father's Name <i>X</i>		Mother's Maiden Name <i>X</i>		Father's Birthplace <i>X</i>		Mother's Birthplace <i>X</i>	
Name of person giving Information <i>Howard Speaks</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

42

PHYSICIAN  
OR CORONER

Primary <i>Carcinoma Uteri</i>	How long <i>Several yrs.</i>
Immediate <i>Exhaustion</i>	How long <i>" days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. H. Dunning M.D.</i>
	Address <i>Dredge Ind.</i>
Accident or Suicide	

Bartonsville

9/609

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Wolfsville</i>		Town <i>Fredrick</i>		County		MARYLAND	
Date of death	1909	Month	8	Day	23	Age	3 Months 19 Days
Sex	Female		Color or Race	White		Birth-place	Near Wolfsville
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Walter Stottenger			Father's Birthplace	
Mother's Maiden Name			Cammie C. Harver			Mother's Birthplace	
Name of person giving information			Walter Stottenger			How related to deceased	
						Father	

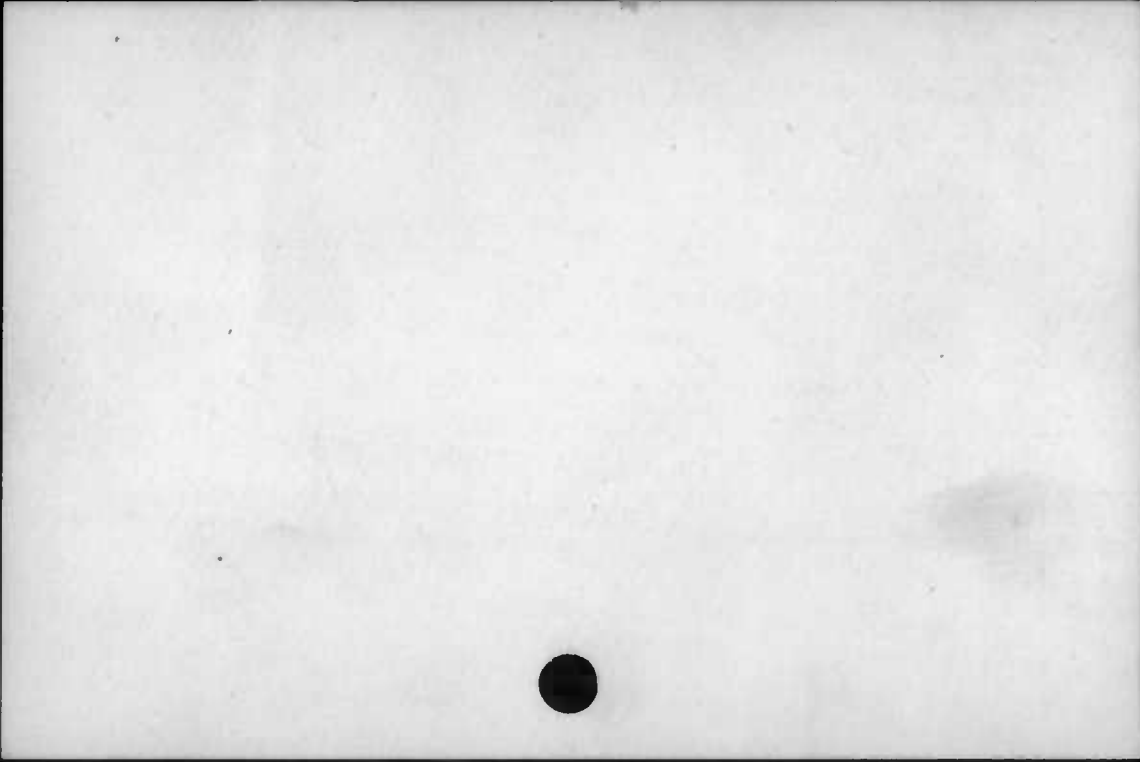
## CAUSES OF DEATH

179  
How long

How long

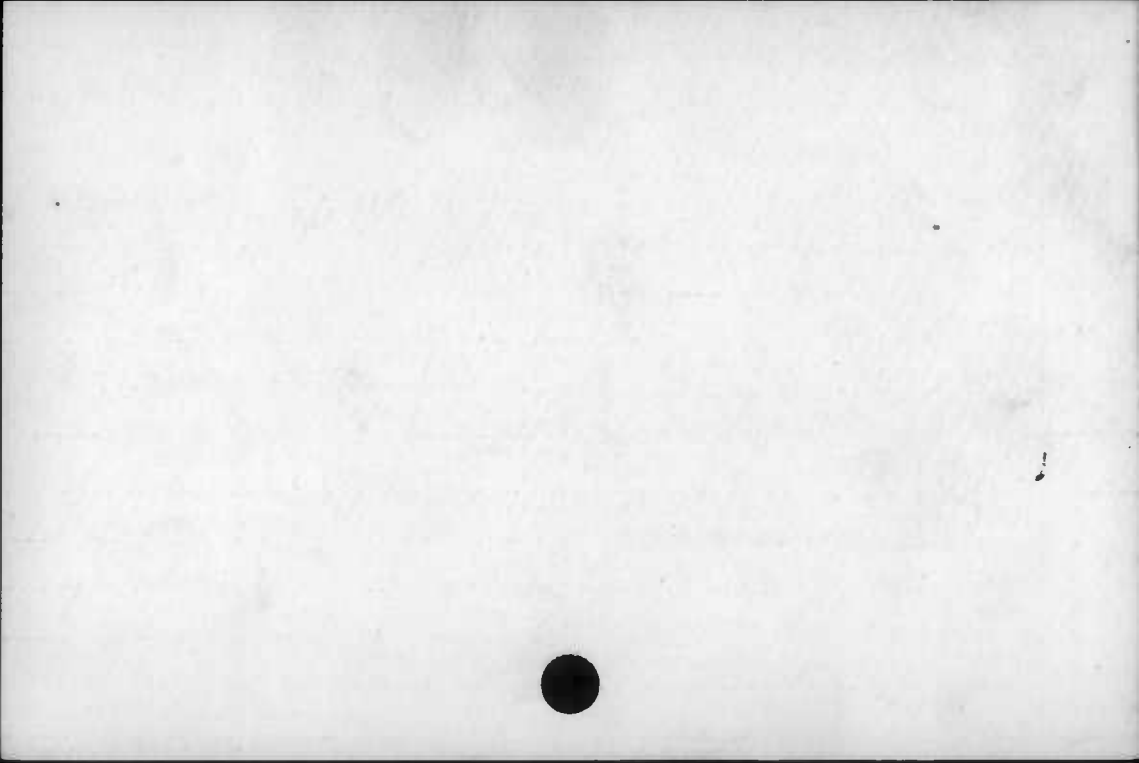
PHYSICIAN  
OR CORONER

Primary		
Immediate	Maramma	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		G. W. Davison
		Address
		Wolfville
Accident or Suicide?		





Name in Full		Catherine Summers				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Frederick		County Frederick		MARYLAND	
	Date of death		1907	Month 9	Day 2	Age 4	Months 5 Days 6	
	Sex		Female		Color or Race		BER	
	Occupation		Child		Birth-place		Mo.	
					Where Residing if not at place of death		X	
	Married, Single or Widowed		X		Name of Wife or Husband		X	
PHYSICIAN OR CORONER	Father's Name		Frank Summers			Father's Birthplace		Mo.
	Mother's Maiden Name		Currie Johnson			Mother's Birthplace		Mo.
	Name of person giving information		Frank Summers			How related to deceased		Father
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Acute Meningitis				How long 7	
	Immediate		E. Long				How long 2 days	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		M. A. Long	
					Address		City	
		Accident or Suicide?						



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Emmitsburg</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	Sept	Day	4
Age	83	Years		Months	4
				Days	24
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Birth-place	<i>Conoco, Md</i>				
Occupation	<i>Sister Charity Religious</i>		Where Residing if not at place of death	<i>≡</i>	
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>John Swope</i>			Father's Birthplace	<i>Md</i>
Mother's Maiden Name	<i>Josephine Boyle</i>			Mother's Birthplace	<i>Md</i>
Name of person giving Information	<i>Bernadine Orendorf</i>			How related to deceased	<i>none</i>

## CAUSES OF DEATH

Primary	<i>La-Grippe</i>	How long	<i>10 days</i>
Immediate	<i>Acute Peritonitis Bowels</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		
Signature of Physician	<i>Thos B. Brauer</i>		
Address	<i>Emmitsburg</i>		
Accident or Suicide	<i>9</i>		

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Thomas Elizabeth R.*  
Town *Jefferson* County *Fredenick*  
Died at  
Date of death 190*7* Month *Sept* Day *30* Age *—* Years *—* Months *5* Days *14*  
Sex *Female* Color or Race *White* Birth-place *Jefferson*  
Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*  
Father's Name *C. Silas Thomas* Father's Birthplace *Jefferson Md*  
Mother's Maiden Name *Nora E Pincroft* Mother's Birthplace *Jefferson*  
Name of person giving Information *C Silas Thomas* How related to deceased *Father*

CAUSES OF DEATH

105

Primary *Cholera Infantum* How long *4 days*  
*asthenia* How long *Immediate*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Elizabeth Toms

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Walkersville</i> <sup>Town</sup>		<i>Fred</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909</i>	Month <i>9</i>	Day <i>2</i>	Age <i>72</i>	Months <i>5</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Fred Co.</i>		
Occupation <i>Canework.</i>	Where Residing if not at place of death <i>at Place of death</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Jno Toms</i>				
Father's Name <i>Jno W. White</i>	Father's Birthplace <i>Fred Co.</i>				
Mother's Maiden Name <i>Ann Ganner.</i>	Mother's Birthplace <i>Fred Co.</i>				
Name of person giving information <i>Husband Jno Toms</i>	How related to deceased				

## CAUSES OF DEATH

112

PHYSICIAN  
OR CORONER

Primary <i>Cirrhosis of Liver</i>	How long <i>Do not know</i>
Immediate <i>Do not know. Has not present.</i>	How long <i>Do not know</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Kable</i>
	Address <i>Wardboro. Md.</i>
Accident or Suicide? <i>No</i>	





Name  
in  
Full

Frances Louisa

Trail

## CERTIFICATE OF DEATH

Town

Fredrick

County

Frederick

MARYLAND

Died at

Date

of death

190

9

Month

Sept

Day

27

Age

Years

68

Months

10

Days

16

Sex

Female

Color of  
Race

Caucasian

Birth-  
place

Md

Occupation

none

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Edward Trail

Father's  
Birthplace

Md

Mother's  
Maiden Name

Lydia Christine Ramoeburg

Mother's  
Birthplace

Md

Name of person giving  
Information

Mrs J D Baker

How related  
to deceased

niece

## CAUSES OF DEATH

79

Primary

Heart disease / Mitral insufficiency

How long

many years

Immediate

Exhaustion

How long

?

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Wm Crawford Johnson  
Frederick Md

Accident or Suicide

neither

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Interment Sep 30 - 09  
" at Mt Olivet Cemetery

Thomas P. Rice F. D.

Dr Wm C. Johnson

Dr M. Curdy,

Name  
in  
Full

Agnes N. Tyler

No. 20.  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		New Market		Frederick		MARYLAND	
Date of death		1909	Sept	2	Age	9	
Sex	Female	Color or Race	white Col.		Birth-place	Fredk. Co. Md	
Occupation	none		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband		was not married		
Father's Name	Ollie Tyler				Father's Birthplace	Unknown	
Mother's Maiden Name	Eliza Spriggs				Mother's Birthplace	New Market, Md	
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Gastro-Enteritis		How long	one week
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Howard H. Hopkins M.D.	
			Address	
			New Market	
			Md	
Accident or Suicide	no			



Name  
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Old Fields* *Frederick* County  
Date of death 190 *9* *Sept.* Month Day Years  
Sex *girl* Color or Race *colored* Birth-place *Old Fields*  
Occupation \_\_\_\_\_ Where Reiding if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_  
Father's Name *William B. Valentine* Father's Birthplace *Old Fields*  
Mother's Maiden Name *Lizzie Duffin* Mother's Birthplace *Old Fields*  
Name of person giving Information *William B. Valentine* How related to deceased *father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Whooping cough* How long *2 weeks*  
Immediate *Broncho-Pneumonia* How long *4 days*  
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *M. S. Peare*  
Address *Unionville Md.*  
Accident or Suicide ☒



Name  
in  
Full

*Infant Warfield* +

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

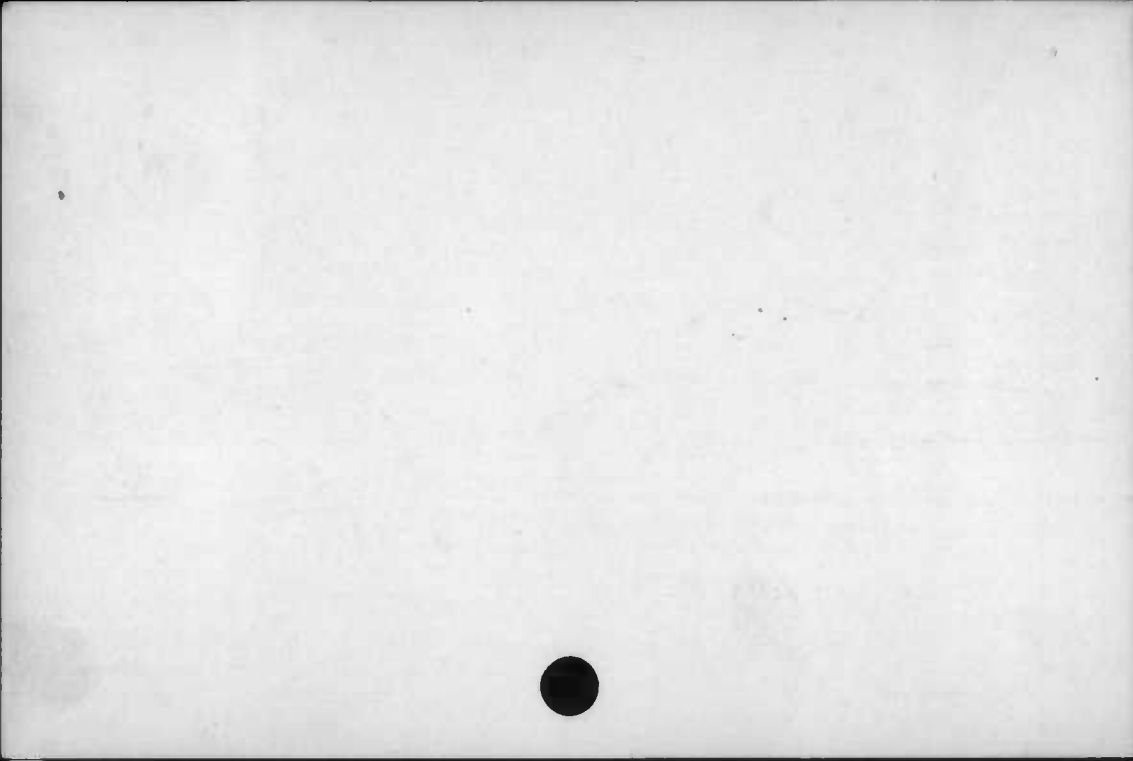
Died at <i>Park Mills</i>		Town <i>Park Mills</i>		County <i>Hudon</i>		MARYLAND	
Date of death	1909	Month	Sept.	Day	29.	Age	—
Sex	<i>male</i>		Color or Race	<i>White</i>		Birth-place	<i>Park Mills</i>
Occupation	—			Where Residing if not at place of death <i>Park Mills</i>			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband —				
Father's Name	<i>Kirk Warfield</i>					Father's Birthplace	<i>Ind.</i>
Mother's Maiden Name	<i>Nittie Tucker</i>					Mother's Birthplace	<i>Ind.</i>
Name of person giving information	<i>Kirk Warfield</i>					How related to deceased	<i>Son</i>

CAUSES OF DEATH

**93**

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>3 days</i>
Immediate	<i>Constitution</i>	How long	<i>24 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>Benj. Perry</i>	
Address		<i>Diary</i>	
Accident or Suicide?		<i>Ind.</i>	





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Egypti Lester White*

Town *Brunswick* County *Fredrick* MARYLAND

Died *1909* Month *Sept* Day *21* Age *22* Months *-* Days *-*

Date of death *1909* Month *Sept* Day *21* Age *22* Months *-* Days *-*

Sex *male* Color or Race *white* Birth-place *Pa*

Occupation *carpenter* Where Residing if not at place of death *-*

Married, Single or Widowed *Single* Name of Wife or Husband *-*

Father's Name *Illgit White* Father's Birthplace *-*

Mother's Maiden Name *Alice Virginia White* Mother's Birthplace *Pa*

Name of person giving Information *Jhr. White* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Run Over by Cars* How long *166*

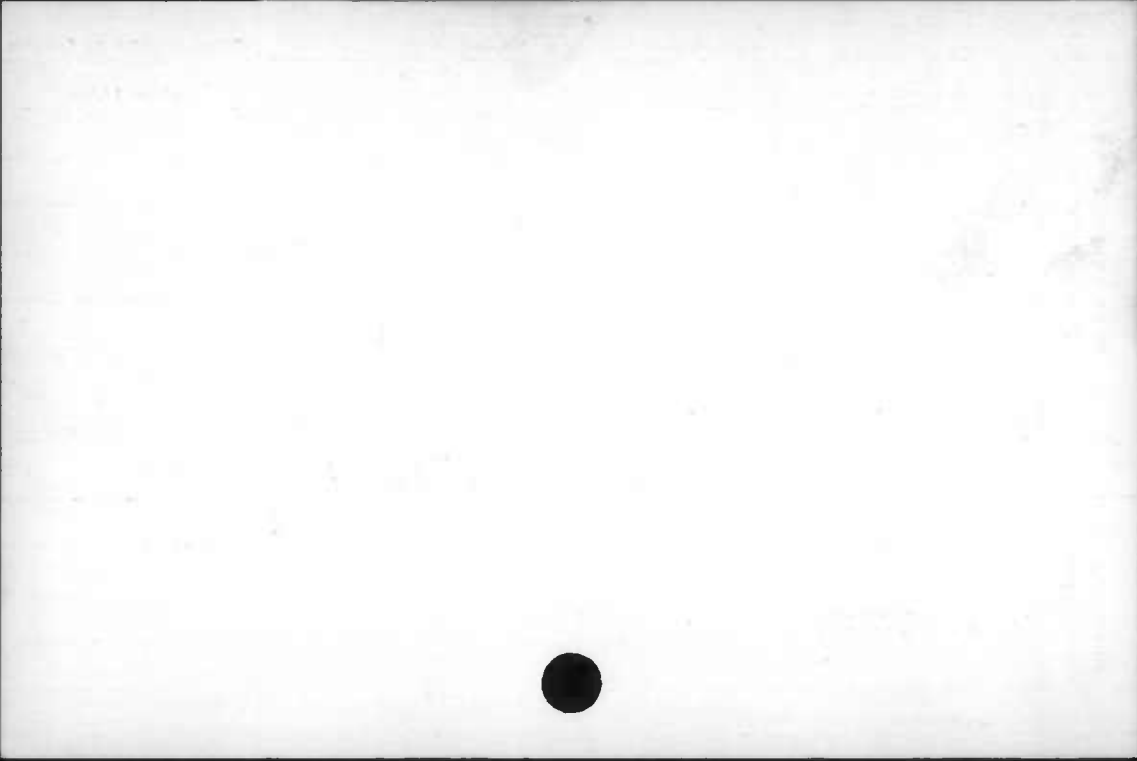
Immediate *cut head off* How long *-*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Levin Hook*

Address *Brunswick-Fredrick-Cr*

Accident or Suicide *accident*



Name  
in  
Full

Catherine Hood

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Frederick		Frederick		Frederick			
Date of death	1909	Month	9	Day	17	Age	52
						Months	X
						Days	X
Sex	Female		Color or Race	Black		Birth-place	Va.
Occupation	Housewife			Where Residing if not at place of death		Same	
Married, Single or Widowed	Single		Name of Wife or Husband		X		
Father's Name	Unknown				Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown				Mother's Birthplace	Unknown	
Name of person giving Information	Henry Hood				How related to deceased	Done	

## CAUSES OF DEATH

64

Primary	Apoplexy - Cerebral		How long	8 days
Immediate	Exhaustion		How long	Several days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		U. S. Brown		
		Address		
		Frederick, Md.		
Accident or Suicide				

PHYSICIAN  
OR CORONER

Interment Sept 19 - 09

" at Greenmount Cemetery

Thomas P. Rice. F.D.

41251

Dr. Bourne

Dr Mc Gurdy

Name  
in  
Full

Dorothy Wood

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Frederick* Town *Frederick* County *MARYLAND*

Date of death 190*9* Month *9* Day *11* Age *—* Years *—* Months *10* Days *26*

Sex *Female* Color or Race *Wh* Birth-place *MD*

Occupation *X* Where Residing if not at place of death *X*

Married, Single or Widowed *X* Name of Wife or Husband *X*

Father's Name *Frederick A. Wood* Father's Birthplace *Eng.*

Mother's Maiden Name *Lelitia Wood* Mother's Birthplace *N. Y.*

Name of person giving Information *F. A. Wood* How related to deceased *Father*

## CAUSES OF DEATH

71

How long

*2 mos*

How long

*1 day*

Primary

*Dementia*

Immediate

*Convulsions*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

*C. J. Goodlee, M.D.*  
*Frederick, Md.*

Accident or Suicide

PHYSICIAN  
OR CORONER

(11)

